Norse Care (Services) Limited

Rebecca Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Rebecca Court is a residential care home for 38 people, some of whom may be living with dementia. The service also provides short term and respite care. This accommodation is provided in purpose built accommodation, over two floors. At the time of our comprehensive unannounced inspection of 15 January 2018 there were 28 people were living at the service.

At the last inspection of 1 September 2015 , the service was rated Good. At this inspection, we found the service remained Good.

People received support to take their medicines safely. Staff knew how to keep people safe from the risk of harm. Actions had been taken to reduce risks to people's safety. There was enough staff to keep people safe and meet their needs.

Staff were competent to carry out their roles effectively and had received training that supported them to do so. People were supported to eat freshly prepared meals, and their individual dietary needs were met. People were able to access and receive healthcare, with support, if needed.

A major refurbishment programme was underway at the time of our visit, works already completed had improved the environment substantially. This included decorations that enhanced the natural light in the building, and colour schemes that would help people living with dementia to navigate around the home more easily. The registered manager had worked closely with people living at the service to gain their view and ask for suggestions about the works. They increased the amount of hours activities staff were available, so that people had plenty of choice of things to do, away from areas where the works were underway.

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

Staff were kind and compassionate in the way they delivered support to people. People were treated with dignity and respect. Staff ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and friends who did not live nearby.

People and their relatives were confident that they could raise concerns if they needed to and that these would be addressed.

The registered manager ensured that the home was well run. Staff were committed to the welfare of people living in the home. The registered manager ensured they kept links within the local community including schools and people were part of regular events.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Rebecca 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 15 January 2018 and was unannounced. The inspection team consisted of two inspectors.
As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events, which the provider is required to send us by law.

Before the inspection, we asked the local authority safeguarding and quality performance teams for their views about the service. We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to complete detailing key information about the service, what the service does well and what improvements they plan to make.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people living at the service, a relative of one person, and a social worker. We also spoke with seven members of staff including care workers, a chef, the activities co-ordinator, the deputy manager and the registered manager. We checked four people's care and medicines administration records (MARs). We also looked at records and audits relating to how the service is run and monitored, including 3 recruitment, training and health and safety records.

Good

Is the service safe?

Our findings

The service remains safe. People told us they felt safe, with one person saying, "The staff are very nice and yes I feel safe here."

There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. They were also a member of the local safeguarding adult's board. When we spoke to staff, they all demonstrated they understood their role in safeguarding people from the risk of harm. They described the different types of abuse that people could be exposed to and told us of appropriate actions they would take if they became aware of any incidents.

The risks involved in delivering people's care had been assessed to help keep them safe without impacting their lifestyle. Guidance had been provided to staff on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included people's mobility, nutrition, hydration, and medicines. Records showed the risk assessments had been reviewed and updated on a yearly basis or in line with a person's changing needs. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out in relation to the home environment. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments had been reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from the risks of any unnecessary hazards.

There were enough staff to meet people's needs and people we spoke to confirmed this. One person told us, "They answer the call bells very quickly." The registered manager regularly reviewed staffing levels to ensure that people's needs were met in a person centred and timely way. They did this regularly because some people stayed for shorter periods for respite care, or for rehabilitation following a hospital admission and the population changed regularly. Records we reviewed showed that staff had undergone an interview process and checks to ensure that they were safe to work at the home.

People received their medicines when they needed them from staff who were competent to provide this. Staff completed daily audits of stock and daily checks of records. These records showed that people had received their medicines when they needed them. We saw that staff ensured people had a drink to take their medicines with if required. Staff checked with people before giving them their medicines, to ensure that they were ready and happy to take them.

People living at the service and their relatives told us the home was clean and tidy. We saw the home was very clean throughout. Domestic staff had the required equipment to clean the home effectively. We saw staff use gloves and aprons were appropriate to help reduce the risk of cross infection. The registered manager had procedures and checks in place to maintain infection control.

The registered manager showed us how they had a system in place to learn from any accidents or incidents, to minimise the risk of reoccurrence. This meant the feedback and analysis of where things went wrong was used to make improvements to people's care. One staff member said, "It's normal to report everything here." They went on to tell us that the registered manager took any concern seriously and used learning from any incident to improve staff practice. A person living at the service told us that they had sustained a fall, and that following this staff had looked at how they could reduce the risk of this happening again. They went on to say that this had given them reassurance.

Good

Is the service effective?

Our findings

The service remains effective.

People and their relatives told us their needs were assessed when they began using the service. Staff told us they received guidance and information about people's needs. For example, when supporting someone with diabetes they received guidance on how to help the person make choices about their diet. The registered manager told us they sought information about people's needs from relevant sources. This information was used to inform their care plans.

The registered manager ensured that the provider's policies concerning people's human rights were followed at the service. These included policies on equality and diversity. Staff celebrated people's ethnicity and cultural identity and supported them to follow their faith. People were supported with those aspects of their lives by staff who were understood their responsibilities and people's rights.

Staff told us they had completed the provider's mandatory training and were supported to identify their own training needs. Records we reviewed confirmed this. Training was a mixture of on line training and practical, face-to-face training depending on the subject matter. One staff member told us they had completed the virtual dementia tour, which helped them experience how it might feel to live with a cognitive or sensory impairment. They were able to describe to us the different types of dementia and the main characteristics of these.

Staff told us supervision sessions to support them in improving their performance were regular and they felt well supported. Staff told us they were kept up to date with current guidance and legislation. For example, staff said they had been familiarised with the key questions the Care Quality Commission used as part of our inspections so they understood the required standards of quality in care homes. The registered manager told us how they supported staff and would be led by them in terms of what they needed and what training they felt would be most beneficial to them.

People told us the food was very good. One person said, "The food is really good, there's ample choice. There is a hot option at lunch-time and then usually soup and sandwiches at tea-time. There are always tea trolleys coming round." One person said they had eggs and bacon every morning which they loved. The chef told us they ensured people had what they wanted to eat. All the food was fresh and as far as possible home cooked. There was a four-week seasonal, picture menu. Catering staff knew people well and had a sheet updated daily about people's needs including any weight loss or specific dietary requirements. Staff knew if there was anyone at risk of choking, and if a soft diet was required. There was also a list of people's allergies.

One person told us how staff organised for them to have their health care needs met and arranged health care appointments for them. Another person said, "I have been seen by a social worker, the GP and the chiropodist and I have not been here long." The registered manager told us the GP visited routinely every week and as needed and was responsive to the needs of the people living in the home. Staff spoken with were able to tell us about people's individual health care needs and how they were addressed.

The premises were well designed and easy to navigate. Toilets and bathrooms had signs on them and people's bedrooms had names and pictures outside to help people familiarise themselves. Extensive redecoration was underway with minimum distraction to people living at the home. People commented on the attractiveness of the home.

Space was ample and enabled people to socialise with other people, spend time by themselves or private time with family if they wished. The gardens were accessible and people had a bedroom with a view. The dining area was spacious and people sat on tables set for four or larger with sufficient space for people's wheelchairs and walking frames. The home had a passenger lift and stairs. Stairs were sufficiently wide with handrails on both sides and clearly defined edges. This helped reduce the risk of falls.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. Consent to care and treatment was sought in line with legislation and guidance. People had been assessed for their capacity to consent to specific aspects of their care. When people lacked capacity to consent, best interest decisions were made in consultation with relevant others, such as relatives or GP's.

Good

Is the service caring?

Our findings

The service remains caring.

One person said, "Oh the staff are marvellous…" Another person told us, "They never make you feel like a nuisance." We observed staff as they support people. They were friendly and communicative taking time to stop and chat with people, checking they had everything they needed. One person was struggling to recall some details and the staff member said patiently, "Take your time," they listened, and reassured the person.

One person told us about how independent they tried to be but said that lately they needed a bit more assistance. They emphasised the staff supported them as they wished and on the days they were more independent staff respected this. Another person told us they had a walking frame but did not like to use it. They said staff encouraged them with their mobility and they were getting stronger and more independent.

One person told us they were feeling low because they had been unwell. They described how staff spent time with them and tried to help make their life a bit better. They told us they had discussed with and received help from the registered manager about getting a motorised wheelchair, which would help them to get out. Another person told us how unwell they had been and the psychological impact illness had had on them. They told us how they had gained emotional strength from living at the service. They said, "I am getting stronger and am keeping up my appearance, getting my hair done regularly makes me feel better."

Staff spoken with understood their role in providing people with compassionate care and support, which included promoting people's dignity. Some people chose to spend time alone in their bedroom and staff respected this choice. We observed staff knocking on doors and waiting to enter during the inspection, which demonstrated respectful practice.

Staff respected people's privacy and ensured their conversations could not be overheard. They told us it was important to uphold people's confidentiality and showed sensitivity towards people's needs. They asked people who were in their bedrooms if they would be happy to speak with inspectors. Their tone and address was friendly and professional. We observed staff greeting visitors and chatting to them making them welcome. Visitors told us they could join in for a meal if they wanted.

We asked people how they were involved with the running of the service and they told us they were consulted daily about activities, food, and their personal care needs. One person said, "The care is consultative, they ask you what you want to do." We saw there were monthly resident meetings and these also involved relatives and staff. Regular agenda items included activities menus and changes within the service.

People were consulted about the care they needed and how they wished to receive it. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. We observed humour and warmth from staff towards people living at the home. People were comfortable in the company of staff and had developed positive relationships with

them.

Good

Is the service responsive?

Our findings

The service remains responsive.

Staff had a good knowledge of people's needs and could clearly explain how they provided support that was important to each person. One staff member told us, "People come and go as they like, at their age they can do what they like. We get to know people's needs and what they want."

We looked at four people's support plans and other associated documentation. These showed that a comprehensive assessment of people's needs had been conducted. The plans were split into sections according to people's needs and were easy to follow and read. All files contained details about people's life history and their likes and dislikes. The profile set out what was important to people and how staff should support them.

We saw the support plans were reviewed if new areas of support were identified, or changes had occurred. The plans were sufficiently detailed to guide staffs' care practice. Staff recorded the advice and input of other care professionals, within the support plans, so their guidance could be incorporated. People had been consulted and involved in developing and reviewing their support plan where they were able to do so. Daily records provided evidence to show people had received care and support in line with their individual needs.

Staff told us how changes in people's needs were communicated and how they used handovers to ensure all staff were up to speed with what needed to be done. One staff member said, "The care is not task focussed, it is based around people's individual needs. They, [people] have regular baths and showers on request and at least twice a week. We ask people about their preferences."

People were moving around the service freely and encouraged to join in the activities provided. People were able to eat at a time of their choosing. One person, who was having breakfast at 11am said, "I felt dizzy this morning, so staff left me in bed." They were able to have breakfast after they felt well enough to get up and have it. A relative told us how quickly their family member had settled and attributed this to how inclusive the service was. They said they had liked the home from the onset, and that staff were never unkind or hurried.

People were complimentary about the activities that were provided and were observed enjoying the company of others. One person said, "We all get on very well. Another said, "There is a good rapport between all the residents, makes life interesting. We have many different conversations." We saw some people were very knowledgeable and shared their life experiences with others, the quiz we saw taking place helped stimulate people's memories. The activity coordinator talked about previous currency, local events and public and political events that people were able to recall and discuss.

The activities we observed were inclusive, interactive and people joined in and had fun. The activity staff member was skilled in motivating and interacting with people. They were also aware of people who were

hard of hearing and helped ensure they were following the sessions and had visual prompts and time to participate. We saw them throughout the day spending time with people and providing one to one support when required.

We observed people had access to reading materials and newspapers. One family member said, "My [relative] has a newspaper every day and they sorted this out really quickly." Another person said they liked books and staff always ensured they had plenty to read and refreshed the books often. There were puzzles and games in the communal lounge that people could use. Special occasions were celebrated such as birthdays, Valentine's day and Easter. They said they celebrated the Royal wedding and plans were in place to celebrate the pending Royal wedding.

We spoke in depth with a number of people who chose to spend the majority of time in their bedrooms either because they were unwell or did not enjoy being with so many people. They were aware of the activities being provided and said they were always given the opportunity and support if needed to join in but chose not to. One person said they were able to go out with friends and family and had a view of the garden. They said they particularly enjoyed this, as they were able to observe the wildlife. They said staff would bring nuts/scraps for the bird table. Another person told us of their love of reading and also said they enjoyed it when pets visited the service and staff would bring them in to meet people.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint. People told us that action had been taken when they had raised a concern or complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

We spoke with the registered manager about how they supported people with planning for end of life care. Staff could describe to us how plans were put in place when people were at the end of their life. Staff told us and the registered manager confirmed these plans would include how the person should be supported with their hydration and nutrition, how their pain would be managed, what other services and health professionals would be involved and guidance for staff on how to offer reassurance and any special wishes would be recorded. The registered manager worked closely with people's healthcare professionals in ensuring anticipatory medicines were available for use in a timely way. This meant the registered manager had a system and plans in place to ensure people could have a dignified and comfortable death in line with their wishes.

Good

Is the service well-led?

Our findings

The service remains well-led.

People told us that the home was run well, one person said, "The manager is really approachable and supportive." A staff member told us, "The manager is approachable and always listens to staff. The deputy manager is also very good. It's a good team." Another staff member told us, "The manager is responsive and resolves problems. They listen to staff ideas and problems."

The service had a registered manager who recently registered with the Care Quality Commission. 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.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of an emergency or with concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. We saw that the rating of the last inspection was on display and could be accessed by people and visitors to the home. Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The registered manager was open and transparent in sharing information about these incidents.

The registered manager was visible throughout the home and accessible to staff. The staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. Staff told us they were part of a strong team, who supported each other. We found there to be a culture of good teamwork and morale amongst staff was positive.

We saw there were policies and procedures, which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.

The registered manager told us that forging community links was important, and they arranged for people to be able to attend community events.

The registered manager used various ways to monitor the quality of the service. For example, they checked on people's care plans and daily records to ensure they were completed accurately. They also checked people's weights monthly to look for any signs of weight loss and enable immediate action. This meant they could be assured people were receiving the care they needed. The registered manager completed monthly checks on a range of areas within the home. These included monthly infection control audits, checks on the

kitchen and health and safety. We saw these audits were identifying areas for actions and these were taken promptly.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, nurses, physiotherapists and hospital departments. The staff team had regular opportunities to discuss people's care and they had handover meetings at the start of each shift. This meant staff provided consistent care and had support from other professionals to improve outcomes for people.