

Norse Care (Services) Limited

Weavers Court

Inspection report

Off Mount Street
Diss
Norfolk
IP22 4QH

Tel: 01379650669

Website: www.norsecare.co.uk

Date of inspection visit:
01 May 2019

Date of publication:
21 May 2019

Ratings

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

Summary of findings

Overall summary

About the service: Weavers Court provides care and support to people living in an 'extra care' housing scheme. At the time of our comprehensive inspection of 1 May 2019, there were 43 people in receipt of the regulated activity of personal care.

People's experience of using this service:

People were supported by sufficient numbers of staff to maintain choice, control and involvement in their care and daily routine.

Care plans indicated people's individual preferences.

People were supported with their medicines where needed. There had been some medicine administration errors over the past year, however staff were being supported to address this through increased training and competency assessments.

Staff were kind, caring and promoted people's dignity.

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.

The registered manager provided staff with leadership and was visible and supportive. Staff were motivated and enjoyed working at the service.

Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.

Rating at last inspection: The service was rated 'Good' at our last inspection on 7 and 10 October 2016. The report following that inspection was published on 3 November 2016.

Why we inspected: This inspection took place as part of our planned programme of comprehensive inspections.

Follow up: We will continue to monitor this service according to our inspection schedule.

For more details, please see the full report which is on the CQC website at 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 caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Weavers Court

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by an inspector and an assistant inspector.

Service and service type: 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 service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because we needed to make arrangements to meet people to seek their feedback.

What we did: We reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We spoke with the registered manager, deputy manager, three care and support staff, a team leader and the provider medication lead. With their permission, we met with three people and spoke with three relatives.

We reviewed the care records of three people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Staff received training and an observation of their competency to support people with their medicines. Despite this there had been a number of medicines errors since our last inspection., However with interventions such as increased team leader oversight with medicines introduced by the registered manager there had been less errors so far this year.
- We discussed medicines safety with the provider medication lead. They told us how, since the last inspection, they had been supporting the service to make the necessary improvements. They spent a day at the service every month providing support and carrying out training and observations of practice with staff.
- People were happy with the support they received with their medicines. One person said, "I feel very, very, safe, because of the people around me, looking after me, I am on medication, the staff will check everything before they give it to me, and my pain relief patch is replaced every 72hrs, I have never had to wait for my medication it is like clockwork."

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe living at Weavers Court. One person said, "Oh yes I do feel safe living here, it's a lovely place to live." Another person told us, "I feel much safer here, my family decided I needed a place with care, it was the best decision ever made. Staff have done a lot to protect me and make me feel safe again."
- People were supported by staff who had undertaken training in safeguarding of adults and who knew how to raise and report concerns should they have had any.

Assessing risk, safety monitoring and management

- Each person's care plan contained information about their support needs and the associated risks to their safety. These included risks associated with mobility, nutrition and the person's home environment.

Staffing and recruitment

- People were supported by sufficient numbers of staff. People told us they experienced consistent care and in the main, had regular carers who had time to spend with them. One person said, "Staff give you time to talk, you know at my pace, they don't rush me, I am a bit of a chatterbox, but they kindly listen to whatever I say, they are lovely people here." Another person's relative commented, "My [family member] has never missed a care visit from them, they really are efficient."
- The service had been through a challenging time with the recruitment and retention of care staff however improvements had been noted more recently with more staff in post.
- Safe and effective recruitment practices were followed to make sure that all staff were of good character.

Preventing and controlling infection

- The service had measures in place to manage the control and prevention of infections well.
- Staff were provided with personal protective equipment (PPE) as necessary, in order to prevent the spread of infection. This included disposable gloves and aprons. A relative told us, "When I have been visiting, I have seen the staff wear gloves, and aprons when assisting my [family member] with their personal care."

Learning lessons when things go wrong

- Where there were accidents and incidents, these were recorded and managed appropriately and the registered manager or seniors detailed investigations undertaken and learning to prevent reoccurrence.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were completed and people's goals or expected outcomes were identified.

Staff support: induction, training, skills and experience

- People spoke positively about the care and support they received. They told us staff were skilled and competent in their role.
- Staff received appropriate training and support to carry out their roles effectively.
- Supervisions and appraisals were carried out with staff to ensure that they had the support and development they needed to care for people.

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

- People were assisted, when required with their meal preparation and staff took care to make sure people were provided with the support they needed with their meal.
- People were assessed for the risk of poor nutrition and information about any risks associated with eating and drinking were clearly recorded.

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

- Staff were vigilant and monitored people's health closely. One person who had been experiencing a decline in their mobility needs had been helped to access healthcare services to support them in identifying any necessary treatment.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- Staff had received training in MCA and understood their responsibilities under the act. We saw staff explain to people what they needed to do and sought people's consent before supporting them. A relative told us, "My [family member] is always consulted before staff assist with anything."

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

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

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

- People and their relatives were positive about the care and support they received and commented that staff were caring and kind. One person told us, "They couldn't be any more caring than what they are towards me, and everybody they come across, I couldn't fault them, they will come to my flat and ask me would you like a cup of tea? They sit and chat if they are not too busy, they genuinely care about me; they show that everyday towards me." Another person commented, "I feel from the bottom of my heart, that the staff are very caring towards me, they put an arm around my shoulder, and tell me they love me, this flat feels like my home, and I feel part of a big family, it's a happy family dwelling."
- Our discussions with staff showed they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. This information corresponded with what people told us and their care records stated.

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

- People were supported to express their views and be actively involved in making decisions about their care and support.
- People told us that they felt involved in the way their care was provided and that they had the information they needed to make informed choices. One person said, "I am involved in all decisions, that's the way they operate, there's no telling you, you are asked would you like me to do this? Or can I get you that? They are very polite like that."

Respecting and promoting people's privacy, dignity and independence

- People told us that the service supported them to maintain their independence along with providing support to ensure they remained safe. One person commented, "Nothing is too much trouble for them, they know I am fiercely independent, but are by my side when I need them. They respect that I like to wash certain parts of my body, and then they will enter my flat, always knocking first, 'are you ready for us?' They will come then to carry on with my personal care, they always wear gloves, and keep my dignity intact." Another person said, "Staff know I like my independence, I can wash myself, but sometimes they help me if I ask them, they will always ask me would you like any help with your tea? Or would you like any help with your wash? If I say no they say okay, we are here if you need us."
- We observed staff treated people with dignity by talking to them in a polite and respectful manner, listening and responding appropriately to any requests. Staff respected the fact they were visiting people in their own home and were respectful of their right to privacy always knocking on people's front doors and waited to be invited in.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People we spoke with told us their individual needs and preferences were met and that staff were very responsive to them. One person's relative said, "In my opinion, the staff do know [people] on a personal level, they don't just read a care-plan, they get to know the person."
- Staff had access to information and guidance about how to support people in a person-centred way.
- Care plans were very personalised and contained detailed information about peoples' individual needs, preferences and how staff should adapt the support they provided to ensure people received the care they needed.
- Details of specific care areas such as nutrition, skin care and mobility were included.
- Care plans also recorded how staff should support the person whilst still ensuring their independence.

Improving care quality in response to complaints or concerns

- People and their relatives told us that they felt comfortable to approach and speak with staff about any concerns or worries. One relative said, "I have complained, and this is being dealt with. I felt I had the confidence to voice a concern, the [registered] manager is very approachable, as are the other members of staff."
- The provider had an effective complaints process and people were provided with information about this when they started using the service. We looked at records of any complaints made and saw these were dealt with speedily and in line with the providers policy and procedure.

End of life care and support

- There was no one receiving end of life care when we visited the service, but this had been provided in the past to people who wished to remain at their home at Weavers Court at this time.
- We spoke with staff about how they supported people with their end of life wishes. One member of staff told us, "We've had several people here who have chosen to come back here to pass away. It's their own home. Everyone is an individual and treated as such, it's all about their dignity."
- People's care records included any decisions people had made, including if they wanted to be resuscitated.

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

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

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

- People and staff spoke very highly of the registered manager and the service and told us without hesitation they would recommend the service to other people. One person said, "I have already spread the word about Weavers Court to people, even in the back of a communal ambulance coming back from a hospital appointment! I told everyone how wonderful it was to live here." Another person commented, "I would recommend this service to anyone, there's no doubt about it."
- Relatives we spoke with were positive about the service overall. One relative commented, "The service is managed very well, extremely efficient, but with tremendous compassion. I know the [registered] manager, she regularly walks around the service, her door is always open and she is very approachable. I would recommend the service to anyone."
- The registered manager and all staff spoken with were motivated about working at the service and shared the same values of putting people using the service first.
- People received a service from staff who worked in an open and friendly culture and who were happy in their work. Staff told us management were accessible.

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

- The registered manager had clear values about the way care and support should be provided and the expectations of staff.
- A range of governance and quality assurance systems continued to be in place to ensure that care being delivered was safe, effective and compassionate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Opportunities continued to be available for people to comment on their experience of the care delivered through regular surveys, the most recent of which was completed for the year 2018/19. We viewed the report and saw the results were positive.
- Minutes from staff meetings showed that meetings took place frequently and a range of topics and issues relating to the running of the service were discussed and information was shared with staff.

Continuous learning and improving care

- The registered manager and provider had a development plan in place to further improve the quality of the service for people who lived there. A 'mock inspection' had been completed by the provider in October

2018. The registered manager explained how this had given focus to the service a plan to ensure standards were met and maintained.

- The provider held managers meetings which the registered manager attended and viewed as an opportunity to seek updates and develop her knowledge.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care.
- Staff reported that working relationships were good with other partners such as the local GP and pharmacy.