

# Norse Care (Services) Limited

# Woodlands

## 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

### About the service

Woodlands is a residential care home providing accommodation and personal care to 37 people at the time of the inspection. The service can support up to 41 people. The accommodation is provided in a purpose-built building over two floors accessible via a lift with a variety of communal areas. Within the ground floor there is a unit specialising in providing care to people living with dementia. There are extensive accessible grounds and an internal courtyard. The home is situated in a semi-rural area near to King's Lynn.

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

People using the service and their relatives was highly complimentary about the care and life within Woodlands. All the people we spoke with felt safe and recommended the service.

Staff were aware of how to safeguard people from potential abuse. Systems were in place to ensure risks were suitably assessed and mitigated for. The provider had robust recruitment procedures and had enough staff to ensure people felt safe and well cared for. The provider was thorough when reviewing incidents to ensure appropriate lessons were learnt. People received their medicines when they should and were enabled to access healthcare whenever required.

People's health and well-being were well supported and monitored. People's nutritional intake was well supported. Staff were appropriately trained and understood the individual care needs and preferences of people living in the service. The home was suitably adapted and dementia friendly, with a variety of accessible communal spaces and garden. There were some aspects of the home that required updating but the home already had a development plan to address these issues. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

All the people we spoke with were very complimentary about the kindness of staff. We observed warm and compassionate care which demonstrated strong relationships and understanding of people's needs and preferences. People's privacy and independence were promoted. People were regularly asked for feedback on the care and support they received.

People had individualised care plans which supported greater understanding of the person's life and preferences. There was creative support for individual people to pursue their interests and well-being however there was not a consistent provision of meaningful group activities to promote health and well-being. The service was pro-active in seeking and responding to any concerns or complaints people may have had about the service. People had been consulted regarding their end of life care wishes when appropriate and were provided with compassionate end of life care.

The feedback from both staff and people using the service regarding the registered manager was unanimously positive. The registered manager was seen to be accessible, hard-working and passionate

about providing a quality and caring service. There were good quality assurance systems in place and people were regularly consulted on the quality of care provided. Staff were provided with appropriate support and the team spirit was strong.

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

Rating at last inspection

The last rating for this service was 'Good' (published 15 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Woodlands

## 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

This inspection was completed by two inspectors (including a member of the medicines team) and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Woodlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider's regional director, registered manager, senior care workers, care workers and domestic staff. We also spoke with one health professional who visits regularly.

We reviewed a range of records. This included two people's care records in detail plus spot checks of multiple other care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and service development plans.

# 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 who used the service all reported they felt safe. It was clear from people's interactions with staff they trusted them to keep them safe and meet their needs. One person described, "I've lived here [many] years and always felt safe because there's someone here to look after me day and night."
- Policies were in place in relation to safeguarding and whistleblowing and staff had all received safeguarding training. The staff we spoke with had good understanding of how to spot potential signs of abuse and how to report harm to help protect people from the risk of abuse.
- Safeguarding records showed appropriate actions had been taken when concerns came to light and demonstrated that lessons had been learnt where appropriate.

Assessing risk, safety monitoring and management

- Relevant risk assessments and guidance were in place which took a proportionate approach to risk taking. One person explained, "They hoist me when I'm having a bath and use a board to slide me from my wheelchair into bed. They don't use the board in the bathroom in case I slip." Appropriate measures were in place to reduce individual risk. For example, falls risk assessments were completed, assistive technology and equipment used, and people referred to the fall's clinic when appropriate.
- The service promoted positive risk-taking and realistic goal-setting to support optimum independence. This meant if there was a known risk, or if an incident happened that placed a person at risk, the service did not stop the person doing the activity. Instead they discussed with the person, and if relevant their relatives, what action they could take to help manage the risk and enable them to continue with the activity. For example, some people told us they were enabled to go out independently whilst others with higher support needs were accompanied to access the local community.
- All risk assessments were reviewed every six months or sooner if required.

Staffing and recruitment

- The provider continued to operate a robust and thorough recruitment process to ensure that staff were of appropriate good character and only staff suitable to work in care were employed.
- There were enough staff to ensure people's care needs were met quickly throughout the day. The registered manager regularly reviewed staffing levels. For example, they had increased staffing recently within the dementia support unit due to an increase in dependency levels of the people within the unit.
- We found staff were usually busy completing care tasks and did not always have time to talk or be alongside people during activities. This was reflected in people's feedback which noted they rarely had to wait for care support, but that staff were very busy and were not always able to engage with them socially.
- The registered manager told us they had been short staffed, but this had improved significantly with a

recruitment drive. Staff told us that the use of agency staff had significantly reduced as a result, thereby providing people with more continuity of staff. The registered manager was continuing to prioritise recruitment whilst working to embed a variety of measures to support staff to spend more time with people.

#### Using medicines safely

- Medicines were stored securely and at correct temperatures. There was a system in place for ordering and giving people their medicines as prescribed. Medicines were given by staff and recorded on medicine administration records. Records showed that people were given their medicines appropriately.
- There were regular checks of medicines and their records and there was a system in place to report incidents and investigate errors.
- Members of staff handling and administering people's medicines had received training and had been assessed for their competency to handle and give people their medicines safely.
- Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines.
- Where safe to do so, people were encouraged to manage their own medicines. This promoted people's independence.

#### Preventing and controlling infection

- Cleanliness was observed throughout the home with no significant malodours.
- All staff were trained in infection control and followed safe procedures to minimise the risk of the spread of infection.
- Regular audits were completed to monitor infection control practices.

#### Learning lessons when things go wrong

- Policies helped to determine actions to take if an accident, incident or near miss occurred. Staff understood the importance of record keeping and knew what should be reported.
- The registered manager thoroughly investigated incidents and analysed incidents. We saw that this successfully identified areas for improvement. For example, management of safe-keeping had been fully revised following an incident to ensure safer procedures for assisting people with managing their finances when required.



# 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

- People received care and treatment in accordance with their assessed needs. People told us their assessments and care plans were devised with their input and they reflected their desired outcomes and preferences.
- Care and support was provided in a lawful way, taking into account the principles of human rights, equality and diversity. Support was given in line with guidance and best practice models.

Staff support: induction, training, skills and experience

- New staff had a comprehensive induction which included training based upon the care certificate, a nationally recognised induction for staff working in social care. New staff did not work unsupervised until they felt confident and had demonstrated they had the necessary understanding of people's needs and their job role.
- Staff received the necessary support and training for their role. Training records showed staff training was mainly up to date, with training booked where updates were required. Staff had their competency regular reviewed.
- Staff told us training was thorough and relevant to the needs of people they were supporting. A relative told us, "The care staff are brilliant. I'm very impressed by them".

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

- People had a healthy, balanced diet which took into account their preferences and any special dietary needs.
- The provider had been focusing on the mealtime experience as a both vital and sociable activity and we saw that people were enjoying the mealtimes.
- People were offered choice and feedback regarding the food was complimentary. People were provided with different sized or alternative meals and adapted crockery and cutlery to promote intake where appropriate. Snacks and drinks were readily available between meals. One person told us, "I like the food, the meals are good. There's always a choice."
- We observed people being assisted to eat. Staff engaged with people, waiting until they were ready to eat more, advising them of what was on the fork, and offering a drink between mouthfuls.
- Effective risk assessments and care plans were in place for people identified at risk of malnutrition or dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service took into account assessments completed by other health and social care professionals when carrying out their own assessments and devising care plans.
- The service worked collaboratively with external agencies and health care professionals to ensure people had access to the services they required.
- Feedback from a visiting healthcare professional was positive, "Staff are normally very good. Care notes are well planned and detailed. They make appropriate referrals and follow any medical recommendations. Families have not voiced any concerns."
- An exercise session was offered weekly to promote physical activity.
- The provider did not have oral hygiene care plans in place. However, the registered manager agreed to implement these quickly including reviewing whether people needed access to dentistry.

Adapting service, design, decoration to meet people's needs

- The building was purpose built and appropriately adapted but the infrastructure and décor in some places, such as the upstairs lounge, needed updating. There was a phased refurbishment program ongoing which was addressing this gradually.
- The dementia care unit had recently been refurbished and was bright and welcoming. It had suitable signage and items of interest to orientate and support people living with dementia.
- The registered manager was also reorganising some of the communal areas to encourage greater usage.
- Rooms were suitably personalised, but some people's rooms décor was tired, particularly where people had been resident a long time.
- There was an accessible garden where residents had been encouraged to participate in gardening when appropriate. People told us they enjoyed watching wildlife which was encouraged to visit the garden, such as birds and muntjac deer. We noted some fencing was not sufficiently secure which the registered manager agreed to add to the refurbishment program. They advised people are always accompanied when using the garden. There was also an accessible internal courtyard.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People whose mental capacity was impaired, had been suitably assessed in relation to specific decisions required within the setting. These included evidence of consulting appropriate professionals, any deputies appointed and others that knew the person well to enable the staff to act in the best interests of the person when required.
- People were only deprived of their liberty when it was in their best interest and was done so lawfully. Where appropriate we saw that DoLS applications had been made to ensure safe and appropriate care for someone requiring continuous supervision.
- Staff sought consent and gave people choices, communicated in a way which was appropriate to their needs. This included for example visually showing options such as what to eat or wear.
- Staff received training and had policies to follow to help them understand the principles of the MCA and

also had additional training in dementia care. Staff we spoke to demonstrated a good understanding of this.

# 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 remained the same. This meant 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

- We saw friendly and warm interactions between staff and people using the service. Staff reassured people who were anxious and distressed responding calmly and with sensitivity.
- People told us staff were kind and caring. One person told us, "They're all lovely, really, really nice. They are so helpful and kind." Whilst a relative told us, "It's the little things you know. If one of us calls to see how [person] is, they'll ask if we want to speak to [the person] and they'll take the phone to them, so we can talk."
- The service cared for people's relatives too which positively impacted on the people who used the service and strengthened their family relationships. Relatives were encouraged to join meals and to celebrate important dates and events.
- There were monthly communion services held at the service plus clergy from other denominations were arranged to visit as required.

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

- People using the service and relatives had been involved in care plan reviews. Where appropriate relatives told us that they were kept informed and consulted when a change in need or decision was required.
- Resident's and relative's meetings were held regularly and a suggestions box to consider issues and development of the service. There was a 'You said, we did' display and a monthly newsletter showing responses to issues raised. The registered manager also regularly chatted informally to residents about the service provided. This resulted in one person asking if they could be involved in the redevelopment of the courtyard. This person proudly explained to us they had designed and redeveloped the courtyard themselves with support as required.

Respecting and promoting people's privacy, dignity and independence

- Maintaining and encouraging independence was embedded in the care provided. People were encouraged to go out or visit their relatives at home whenever possible. One person pointed out to us a person coming up the driveway, "Oh look, here comes [resident's name], they've been testing their new buggy." Whilst we observed another person with a cognitive impairment was escorted to walk to the local shop regularly.
- Privacy and dignity were actively promoted. A spouse explained that they had been enabled to have a sofa within the person's room so that they could sit comfortably together as they had always done. A relative told us, "They knock before coming into the room and they ask [name of person] rather than tell them what's going to happen."
- Staff recognised the importance of people's privacy, dignity and independence when supporting with

personal care tasks. For example, encouraging people to shave, wash or dress as much of themselves as they were able.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received a person-centred service supported by staff who knew them well. The service was in the process of embedding a strong ethos of personalised care planning. People's life histories and interests were recorded, and care plans were individualised to include details of people's preferences and wishes.
- A wishing tree had been created as a wall display on which people were encouraged to add their wishes. The service worked with people to achieve their wishes, promoting activity and well-being. This had resulted in a number of projects such as redeveloping the courtyard, growing plants and activities outside the home.
- After suitable risk assessments, one person living with dementia had successfully been moved from the dementia unit to the residential unit. This enabled them to be more independent and, in particular, to pursue their love of gardening. The service purchased a greenhouse and equipment to support the activity. This had had a very positive impact both on the person's mood and mobility. This person proudly asked, "Have you seen my greenhouse? I got eight crops of tomatoes."
- People told us there was always flexibility to meet their preference of gender of care staff.
- People were given choice and there was usually but not always flexibility to meet their preferences such as bedtimes and opportunities to have a bath.

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.

- Information was available in other formats and people's individual communication needs were recorded in their care plans. For example, one person had a white board to aid communication due to their hearing loss and memory difficulties.
- Pictorial signage and displays such as for the menus were also used to aid those with cognitive impairments.
- Information regarding the service's day to day facilities and key policies such as complaints and safeguarding information was displayed but not always easily available. The registered manager agreed to implement a resident's handbook to make this more accessible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had some strong individual examples of enabling people to carry out person-centred activities and encouraged them to maintain hobbies and interests. For example, a person wished to go to the pub

and played dominoes regularly which they now did. Scrapbooks were being introduced for each person to help promote and record one to one activities and interests.

- Maintaining links with family and social networks was promoted. For example, one person was supported to gather all their children together for the first time in over 40 years.
- There were regular events and outings such as summer fetes, visiting activities, international chocolate day and homemade soup day. One person told us, "There's a minibus, we go out sometimes, I've been to Cromer and Hunstanton and a trip to Norwich."
- The service encouraged staff to take time to engage meaningfully with people whenever possible. The registered manager acknowledged this had not always been effective due to past staff shortages but was being actively encouraged now staffing levels had improved.
- There was a weekly activities programme advertised including exercise sessions, films, music, crafts and cooking. However, feedback from both people, relatives and staff was mixed. One relative told us, "Before [person] came here they had withdrawn, I actually think they were depressed. Here they are always trying to get them out of their room, they don't take no for an answer; and it's worked, they're a different person. They're out of their room most of the time and enjoy joining in with whatever they do." However, others noted activities often did not take place due to staff shortages and felt there were insufficient regular activities organised within the home for people to join in with. Whilst we saw people enjoying ad hoc activities such as a sing-a-long which staff initiated, no group activities took place although an exercise session had been scheduled.
- The registered manager acknowledged there was only a part time activities coordinator and regular meaningful activities were not consistently available. However, we were assured, now staffing levels had improved, this was an area they were prioritising.

Improving care quality in response to complaints or concerns

- Formal complaints were appropriately dealt with. The registered manager saw complaints as an opportunity to improve the delivery of the service. They understood the importance of the service being held to account.
- The registered manager also took considerable effort to be visible and to meet people regularly, both informally and in meetings, checking if they had any concerns which might need addressing.

End of life care and support

- The service was providing compassionate and competent end of life care and support when required.
- The service had encouraged people to complete 'Advanced care plans.' Advanced care plans provide people, their families and the staff reassurance that the person's wishes would be respected when they require end of life care.
- Where appropriate, copies of medical orders, 'Do not to attempt resuscitation', were in place.
- The registered manager was seeking more in-depth training to further enhance their end of life care skills.

# 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 remained the same. 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

- All the people using the service and relatives we spoke with, were very complimentary about the registered manager's style of management. Everyone felt the registered manager was approachable, knew the people using the service well and was passionate about the service provided. One person living with dementia told us, "I want to tell [name of registered manager] about my idea for growing lavender to put in bags to sell at the [home's] fete. [The registered manager] is very good."
- Staff commented that there was a strong sense of teamwork and all reported being happy in their work. They told us the registered manager was accessible, gave good feedback and was open to ideas. One staff member told us, "[the registered manager] does a walk around every morning and knows all the residents really well. They've made so many changes for the better. They are so passionate about the home."

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 was open, honest and showed a willingness to learn throughout the inspection. We found this approach was echoed in our findings and the management systems seen in place monitoring the quality of the service.
- The registered manager commitment to addressing and monitoring even minor concerns was evident in our discussions with both people using the service and staff.

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

- The registered manager had comprehensive quality assurance, auditing and governance schemes in place. These included essential safety audits such as checks for water quality and fire safety. Monthly audits of medicines administration and daily care records alongside regular checks of service user and staff records were completed.
- Staff were cross-trained in different areas to ensure continuity of service. The registered manager had worked within the provider for many years and was reported to be willing to step in when required to assist or guide staff.
- The registered manager showed good awareness of regulatory requirements and had submitted notifications of all significant events appropriately to CQC and the local authority as required. These enable us to monitor the quality of a service and promote good practice.
- Staff received regular supervision. Annual appraisals were behind schedule, however staff reported to us



they felt well supported and able to approach the registered manager as required for their support and development needs.

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

- Satisfaction surveys were sent to people using the service and their relatives annually and the significant outcomes fed back and into the service development plan.
- There was a suggestions box and regular staff and residents' meetings which were well attended, and progress and developments were fed back.
- The service worked effectively in partnership with families to maintain people's wellbeing and safety. Relatives told us they felt involved in the care of people in the service.
- The facilities and care were appropriate to individual characteristics. The environment was dementia friendly including appropriate signage and availability of sensory and reminiscence items, thereby promoting engagement and activity. People had been consulted on the refurbishment of the dementia unit; for example, choosing photos of the local area as the theme for pictures.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended regular regional manager meetings within the provider group and externally to support learning and best practice.
- The service received updates from local commissioners and health bodies.
- Team meetings and topics boards were used to share information across the staff team. New ideas and refreshers on key topics were regularly discussed to ensure staff were aware of good practice, and how they could improve care delivery.
- The service had a clear vision and ethos plus a service development plan which had been developed and shared with the staff. This included improvements to the facilities and layout of the service, reviews of key processes and practices and a focus on person-centred planning and engagement with people.
- The service worked in partnership and collaboration with several key organisations to support care provision and joined-up care.