

# Norse Care (Services) Limited

# Lloyd 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?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



## Overall summary

This was an announced inspection which took place on 30 September 2015.

Lloyd Court is a 'housing with care' service that provides personal care to people living in their own homes. The service is comprised of 40 flats, some of which are for double occupancy. At the time of this inspection the service was supporting 38 people.

There was a registered manager at Lloyd Court. 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.

We received high praise in relation to this service. People and their relatives were positive and enthusiastic about the quality of the service received. The managers and staff were motivated and committed to providing a high

# Summary of findings

standard of care for people. Feedback from health professionals was also very positive. Staff worked well with health professionals and had good working relationships with them.

Systems were in place to reduce the risks as far as possible in relation to people's safety and well-being. Where risks had been identified plans had been made and implemented to help keep people safe. Robust systems were in place to ensure that the service recruited staff that were suitable for their role.

There were adequate staffing levels to ensure people's needs were met in a timely manner. Staff had good access to training and development opportunities and wanted to improve their knowledge in order to provide people with high quality care. They were supported with supervisions by the managers who were willing to assist staff.

Staff were knowledgeable about the people they supported and the way in which they wanted to be supported. People's preferences and wishes were taken into account when their care was planned and care plans specific to the individual were made. Before any assistance was provided people's consent was sought.

Staff were kind, respectful and caring. The service had won the category of 'Effective Co-ordination in End of Life Care' at the Norfolk Care Awards 2015.

Staff were happy and proud to be working at Lloyd Court. The registered manager had fostered an open and consultative culture within the service. Staff members worked as a team and supported each other to provide a high standard of care and support to people. The views of people using the service, their visitors, staff and health professionals were sought in order to help develop the service and ensure that people's needs were met.

# 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 sufficient staff on duty to meet people's individual needs safely.

People were safeguarded from the risk of the harm.

People's medicines were managed safely and people received them when they needed them.

Good



### Is the service effective?

The service was effective.

Staff were well trained and supported.

People were asked for their consent before care was provided and permission was obtained prior to liaising with health care professionals on their behalf.

Good



### Is the service caring?

The service was very caring.

People who used the service and their families were enthusiastic about the service and described the care as excellent, saying care staff made efforts beyond their expectations.

The service provided a high standard of end of life care.

Outstanding



### Is the service responsive?

The service was responsive.

People's lives had been improved as a result of the care and support they received from staff.

People needs had been assessed and staff were able to meet these needs in a timely manner in a way that people wanted.

A system was in place to investigate concerns and complaints. However, the service had not received any complaints in the previous 12 months.

Good



### Is the service well-led?

The service was well led.

The management team had the support and confidence of people using the service, their relatives, staff and health professionals.

A high standard of communication in the service ensured that the views of people who used the service and staff were taken into account in the way that the service was run and developed.

Good



# Lloyd 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 30 September 2015. The service was given 24 hours' notice because the location provides people with care in their own homes and we needed to be sure that people would be willing and available to speak with us. This 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.

We spoke with ten people using the service and relatives or friends of six people. We also spoke with the registered manager, the deputy manager and three care staff members. We gained the views of the local pharmacist who supported the service, a community nurse and the business manager of the local GP practice, all of whom worked with the service on a regular basis.

We noted compliments the service had received in 2015. We looked at the care and medicine records of four people. We also reviewed the recruitment records for the last three staff employed by the service and various records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe when staff were in their homes providing them with care and support. One person said, “I feel safe and secure with the staff here.” Another person told us, “I make sure my door is locked at night so I feel safe. Staff can always get in if I need help. I’m even safer with them in here.”

Staff understood the different forms of abuse that could take place and knew what signs to look out for. They knew how and when a safeguarding referral to the local authority would need to be made. Staff also said they received training in safeguarding and whistle-blowing and that this training was refreshed periodically. We confirmed this from training records we reviewed.

Risks to people’s welfare had been assessed, for example around pressure areas, nutrition and moving and handling. Plans had been made to reduce the risks and these had been discussed and agreed with the person. People’s right to take an informed risk was supported. One person who had a pressure area had declined to use a pressure relieving cushion. The service had sought professional support and a community nurse had spoken with the person at length about the risks of their decision which had been recorded. The person told us, “I know I can change my mind at any time.”

The service helped ensure that in an emergency situation, people would receive the support they needed to leave their homes. In the event of an evacuation of the building which contained people’s flats, information was available to assist the emergency services. This showed whether people needed any equipment or staff support to mobilise. This was regularly updated and had been amended a few days prior to our inspection.

There was enough staff time allocated to people to ensure they received care and support when they needed it. One person stated, “My bell is answered almost immediately. When I need a bit more support than usual the staff always make time for me.” Another person told us, “I only have to use the call bell and I never wait long.” A relative told us that their family member’s health had changed recently

and that staff were now checking on them more frequently. People told us that the staff were flexible and if they wanted support at different times or wanted to change their routine that this was accommodated.

The manager told us about the staffing arrangements within the service. People’s needs were assessed when they began using the service to determine how many staff hours of support they required on a daily basis. The manager said that they were able to increase the number of care hours allocated to people if their needs changed and that the provider supported them in this. The manager was able to call on bank staff if shifts needed covering for any reason and they told us that permanent staff were often willing to pick up further shifts when necessary.

Robust recruitment processes were in place to help minimise the risks of employing unsuitable staff. These included obtaining references from previous employers and carrying out criminal records checks to help establish whether staff were of good character and suitable for their role.

People were asked whether they wished to manage their own medicines. A few people had chosen to do this and assessments had been carried out to ensure that they were able to do this safely. However the majority of people had their medicines managed and administered by staff.

A pharmacist assistant visited people on a weekly basis with a senior staff member to ensure that people had their medicines when they needed them, to re-order stock and carry out audits. People had the opportunity to ask questions which helped them understand their medicines and how they worked. Staff told us that this arrangement had helped them feel confident with medicines. Senior staff took responsibility to administer medicines to people who required them at specified intervals within the day in order to ensure the optimum effectiveness of the medicine. One person told us how two staff were always present when pain relieving patches were changed and that staff always applied the cream they needed on a daily basis. The arrangements in place ensured that people received medicines when they needed them and in a safe manner.

# Is the service effective?

## Our findings

People told us that the staff were competent. One person told us, “Staff know what they’re doing, they get people about safely.” Another person said, “They know me well and are skilled in the tasks they have to help me with.” A relative told us, “Staff are well trained and competent.”

Staff told us their training was comprehensive and the service managers ensured it was kept up to date. One staff member told us they had received Mental Capacity Act training earlier in the day and it had made them reflect upon how they could do things differently to better support people, for example by using clearer language when explaining things.

Team leaders within the service had lead responsibilities for areas such as moving and handling, infection control, pressure relief and nutritional screening. Staff told us that if they wanted more in depth training or training in other areas that was beneficial for people using the service the management team would do their best to ensure they received this. A staff member told us that if they thought they were struggling in a certain area then the training would be brought forward. Staff had regular supervisions and an annual appraisal. A staff member added that they didn’t need a planned session to speak with the manager because they were always available to support them.

The service had developed a good relationship with the pharmacy they used. We spoke with the pharmacist involved. They told us how they periodically came in to the service to provide training and awareness sessions on various topics, for example on eye drops and various types of cream people might need. They said that the service was effective because the managers and staff listened to people using the service and health professionals, helped themselves and planned ahead to ensure people received the care and support they needed.

Staff were trained in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager told us that they had not needed to make any applications to the Court of Protection in respect of people they supported, but they knew how to do so if necessary.

People who used the service were able to consent to day to day care. They were asked for their consent before any support was provided. Staff described how they supported people to make their own decisions. One person told us, “We have a chat and staff explain what the options are and then they give me the time to think things through.” One person told us how they had had a fall and called for assistance. Staff had explained to them that they needed to use equipment to help get them up and had asked for their permission. The person told us, “They kept asking to make sure I was okay with what was going on because it was all new to me. But it was fine, I have complete trust in them.”

People received a good standard of support with meals where necessary to ensure they could maintain a good diet. People had consented to be weighed so the service was able to identify people at risk of not eating enough. Where people had been identified as at risk staff worked with them to agree the extent of their involvement and support which was provided on an individual basis. The manager told us that with people’s consent they accessed specialist advice from people’s GPs and dieticians. We spoke with the team leader responsible for nutritional screening. They described how one person who was overweight wanted to make some changes to lose weight. They had worked with the person to devise a regime that was working and the person was slowly losing weight.

If people were unable to arrange health appointments themselves the staff supported them with this. The manager told us that when carrying out pre-admission assessments they discussed people’s access to health professionals with them. They explained that whilst people were free to make whatever appointments they needed it would help staff care for them better if they were aware of any issues or concerns. People were satisfied with this and told us that they were happy for staff to be informed when health professionals visited.

We saw from records we reviewed that people had been supported to access a range of health professionals when necessary. We spoke with a visiting community nurse who told us the service provided a high standard of care for people and that with people’s permission they reported outcomes of their visits to senior staff on duty. They also told us that staff implemented any guidance they provided quickly and efficiently.



# Is the service caring?

## Our findings

Everybody we spoke with was very positive about the caring nature of the service. A relative told us, "It's not just the time available and attitude of staff. My family member was paralysed from a fall. They took them on with a positive attitude to supporting them. The quality of engagement and level of care provided is extraordinary." Another relative stated, "Staff have helped my Mum settle in quickly. Nothing is too much trouble." One person told us, "After I started receiving support here a great weight was taken off my mind. All staff, from senior to junior are kind, respectful and always available." Another person told us that when they first began receiving support they needed help in the night quite frequently. Each time they had been told it was no trouble at all and were made to feel at ease. One person told us, with a big smile, "I am just so happy living here."

People were involved in the planning of their own care. One person told us about the extensive assessment that was carried out before they began receiving support from the service. They told us they were 'very particular' about how they wanted their care to be provided and that the assessment had been very detailed. They felt that attention was paid to the smallest detail of how they wished things to be done. When they needed to make a decision about something they told us they were given all the options available to them, were able to ask questions and given time to decide what was best for them.

People's care plans and daily records were kept in their own homes. They were completed by staff with people's input and available for people to read when they wished. Most people told us they had little interest in reading their paperwork because they had no concerns. They said they could talk about their care needs at any time with any staff member and if their care changed their care plan would be updated. We saw that some people's records showed recent changes to the support provided for them. We also saw that regular reviews took place and that people's families were involved in these reviews if the person wished.

Another person had requested that an end of life care plan be put in place for them. They told us how involved they had been in the process, how staff reviewed it regularly with them and that it could be changed as and when they wished. The plan was very detailed and centred around

their wishes. They told us that this had been a difficult and emotional process for them and their family who had been included at every stage and that staff had acted with, "...complete and utter decency and understanding." Staff had ensured that the person's GP had also been consulted with over the plans and that they had confirmed that ongoing support would be provided to the person, their family and staff to ensure that when the time came the necessary equipment and support would be available. The person told us how they had "...no worries anymore" about what would happen towards the end of their life.

We spoke with one relative about the care their family member had received from the service. Their family member had used the service up until they passed away. They told us, "My family member was given a beautiful death in the comfort of their own home. Staff excelled themselves by involving us at every stage. The staff go a million strokes beyond what they are paid for. After [family member] had passed away they then supported me. This place is extraordinary."

The service had won the category of 'Effective Co-ordination in End of Life Care' at the Norfolk Care Awards 2015. This annual event showcases excellent practice. Services are nominated and shortlisted by three senior healthcare professionals. Investigations are undertaken and the findings put before a professional panel who determine the winner. This award meant that people could be assured that they would receive excellent end of life care.

People's dignity was respected. One person who required a lot of support with personal care told us, "The staff team are more like good pals coming to assist me. They know me well. The female staff are so ladylike in their approach." One person's relative told us that they and other family members cleaned the person's flat, did their shopping and washed their clothes and bedlinen. However, if staff came in to help their relative up in the morning and the sheets needed changing that staff did this and laundered them without fuss or comment.

People told us that they were able to express their views at any time and they would be listened to. One person said, "They listen to what I need, act on those wishes and give me complete peace of mind." A relative told us that staff engaged people in a social way when carrying out tasks, seeking out their views and using them to help improve the service they provided. They told us that this was done in a



## Is the service caring?

light-hearted conversational way which meant that they received feedback from people who were relaxed and therefore willing to talk freely. A staff member told us how they were interviewed by people who used the service as part of the recruitment process. They told us it felt good to know that they were 'chosen' by the people they would be helping care for.

Staff knew people well which helped them to understand and focus on people's emotional well-being as well as meeting their practical care needs. One staff member told us how they were supporting one person with organising a trip abroad. Another staff member told us that they felt they were supporting people to build another community or a second 'family'.



# Is the service responsive?

## Our findings

People told us how their lives had improved since they began to use the service. One person who had been using the service for several years told us they had been very low in mood and could not be bothered with anything when they first moved in to their flat and began using the service. They told us how they now cooked every day, went off out in a taxi and joined in with activities. They stated, “I was so low when I first came here and now I enjoy my life thanks to the support and encouragement from the staff team. They are all marvellous.” Another person told us, “This is the best eight years of my life. I have never been happier. I would not want to live anywhere else.” They explained how they had been told by a doctor some years ago that they would not walk again after an accident. However, the physiotherapist and staff had worked with them intensively, and they were now up walking with aids. One person’s friend stated, “The support my friend gets here has given a new lease of life to a lonely, elderly lady. My friend is so much happier now.”

People’s needs were assessed before they began to use to the service. Detailed information was also obtained about how people wished to be cared for and what was important to them in their lives, for example their families and friends, interests and faiths. People repeatedly told us that their needs were met and that they could rely on staff when they needed them. One person said, “When I fell over staff came instantly.” A relative stated, “Staff are quick and efficient to respond in an emergency.”

Staff told us the care plans were informative and gave clear guidance on what people’s needs were and how they wanted their care to be provided. They were detailed and included information to make communication with people more effective and added personal touches that people requested that were important to them. For example one person was bit bit deaf in one ear so staff needed to make sure they spoke with the person whilst on their other side. Another person liked their belongings kept in certain places and staff had instructions not to move anything without the person’s agreement.

One person told us, “Nowhere could be better than this. I am so well looked after. I have not one negative to say.” Another person told us, “Staff are always right with me when I am walking about.” This person’s care plan showed that staff needed to be in attendance when they moved around. Another person confirmed that staff visited them regularly throughout the night to reposition them which was in accordance with their care plan.

Staff were responsive to people’s needs. The visiting community nurse told us they had been visiting one person regularly for about six months. In the last few months the person had begun to experience some anxiety. On one occasion when they had been visiting the person had become anxious and the nurse had been unable to re-assure them that all was well. However, when a staff member attended the person became settled very quickly. The staff member had shown the nurse the documented history of the person’s anxiety and how they had identified triggers and the most effective approach to ensure the person settled. The nurse had been impressed with the person-centred approach taken.

One person was due to be assisted with eye drops at 8pm each evening. However, these had been affecting their ability to read or watch television clearly for the remainder of the evening. Staff had sought advice from a healthcare professional who said they could administer the eye drops just as the person went to bed. The person was now able to enjoy their evenings more.

The service had not received any complaints from people or their families in the last 12 months. The provider’s complaints procedure was provided to people when they began to use the service.

People we spoke with told us they had no reason to make any complaints. They said that the service was so good they made positive comments, not negative ones. A relative told us that if they had any concerns or niggles, the managers were quick to apologise and put matters right. One person said, “If there were any complaints it could not be true. This place is fabulous.”

# Is the service well-led?

## Our findings

People had confidence in the leadership of the service. One person told us, “The managers know what they’re doing here. They make sure that everything is okay for everyone here.” Another person said, “The managers are reliable and make sure there is a good feeling here and that you matter.” Another person stated, “The managers always make time to provide support where needed, they are brilliant.” A relative told us, “The management team often ask us how they can make things better.” The pharmacist we spoke with told us that the service managers listened to advice and were well organised. The business manager of the local GP surgery told us, “Hats off to them, they run a good ship.”

The service managers had the full and enthusiastic support of staff that were well motivated. A new member of staff told us how valued they felt. Another staff member told us how supportive the managers had been when they had been poorly and how when they weren’t feeling very well that they had spotted this immediately and stepped in to provide them with support. Staff told us how they appreciated that the manager and their deputy did shifts that included weekends and nights. They felt that this showed how committed the managers were to the welfare of the people who used the service and to supporting the staff that cared for people. One staff member told us, “It’s not just a nine to five job for the managers here.”

People and their relatives told us that the management team were visible and always had time to chat with them about the care provided and see where improvements or changes could be made. Some relatives of people who had received care from the service before passing away still maintained their links to the service. One of these told us that they volunteered at the service because they had been so impressed by the care their family member had received that they “..wanted to put something back.”

Staff told us there were regular meetings for different staffing groups to ensure that meetings were relevant to the staff concerned. This gave staff the opportunity to contribute their views and ideas in detail towards service development in their area of work. There were also meetings of the wider staff group which helped ensure a participative and open culture within the service.

Staff told us they felt valued and appreciated for the work they did by the management team. They were invited to participate in award functions and social events organised by the managers. All staff we spoke with were extremely proud of the standard of care they provided to people and to be able to say that they worked at Lloyd Court. Two people using the service we spoke with told us that the service had a good reputation locally and they felt very lucky in receiving care from the staff at Lloyd Court.

People who used the service were encouraged to participate in running and developing it. Regular meetings were held with them and they participated in interviewing for staff. We noted from minutes of meetings that people had their say and made decisions which were acted upon. For example people agreed between them which items of expenditure they were prepared to fund from the amenities fund. The manager advised us that minutes for the meetings were posted to each person using the service.

The leadership was engaged with people, their visitors and staff. A positive and supportive culture had been fostered in the staff team which benefitted the people using the service. The standards the manager expected of the staff were clearly understood. Staff told us about their obligations to report any concerns regarding poor practice under the provider’s whistle-blowing arrangements. We saw that when a staff member had raised a concern about a now ex staff member’s practice this had been dealt with promptly and efficiently. Staff could rely upon the manager to act on concerns raised to ensure that people were supported effectively.

The standard of care provided for people was monitored on a regular basis. Staff told us that the managers were ‘hot’ on making sure that staff training was up to date and that staff found it helpful. A variety of checks were in place which included the auditing of people’s medicine arrangements, care recording standards accident and incident analysis monitoring was taking place. Where areas for improvement or development were identified we saw that these were acted upon promptly. The managers told us that the provider was very supportive and receptive to ideas for change and improvement.

The registered manager had been in post at Lloyd Court since June 2013, but had extensive experience within the provider’s organisation and had been managing housing

## Is the service well-led?

with care services for 10 years. One staff member told us, “What makes the place work is the team work. Everyone mucks in and will do any job required. It’s a great team to work with.”