

Norse Care (Services) Limited

The Meadows Housing with Care Scheme

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Meadows is a 'housing with care' service which contained 92 flats. The flats and main building are managed by a housing provider and the care people received in their own homes was provided by Norse Care. At the time of the inspection 61 people were receiving personal care. Nine of these people received personal care in a secure 'extra care unit' due to their medical conditions. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People benefitted from an extremely caring and responsive service. Staff demonstrated exceptionally kind and thoughtful care, and we heard many examples of the positive impact this had on people using the service. Staff fully supported people to be involved in all decisions about their care and empowered people to be as independent as possible. Without exception, staff treated people with dignity and respect and valued their individuality. We heard about people receiving exceptionally individualised care which greatly promoted their wellbeing, sense of self-esteem and self-confidence. People genuinely flourished in the care of this service.

People told us, without hesitation, that they felt completely safe in the hands of competent staff. Staff responded promptly to any emerging or actual health needs, ensuring people received the correct care and support. People's safety and health care needs were regularly monitored by the on-site medical team, which provided an excellent service. People received their medicine safely by appropriately trained members of staff and people were well supported with any dietary requirements.

Staff were very well trained and supported by management to achieve their potential, which drove service improvement and created a positive and high performing service. There was a genuine sense of togetherness and shared ownership of people's care needs. Staff were involved, as were people and their relatives, in expressing their views about the service and they felt comfortable to raise any concerns, should they arise. If they did, they were responded to effectively.

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 mostly supported this practice, although some people's records required attention, which management promptly addressed.

Rating at last inspection

The last rating for this service was Good (published May 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.

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Meadows Housing with Care Scheme

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

The inspection was carried out over two days. On the first day an inspector, an assistant inspector and an Expert by Experience gathered evidence and an inspector continued the inspection on a second day. 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

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 bought or 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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was to ensure that the Expert by Experience was able to speak to with people on the first day.

What we did before 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 five people and reviewed statements from four people who used the service. We also spoke with seven relatives. We spoke with nine members of staff including the registered manager, a deputy manager, two team leaders, three care assistants and two members of the activity team.

We reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed some additional evidence sent to us by the provider.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service and people's relatives told us they felt staff kept them safe. One relative told us, "[Family member] has dementia and I can sleep at night knowing they are in safe hands." Another relative said, "We are just glad [family member] is at The Meadows and safe, it gives us peace of mind."
- Safeguarding records and discussions with the registered manager demonstrated they notified the local authority safeguarding team as appropriate and worked collaboratively to manage some isolated incidents. The registered manager understood when and how to escalate concerns and took this responsibility seriously.
- Staff we spoke with described signs of potential abuse and the process to follow if they had concerns. They had all undertaken relevant training, and the subject was discussed in staff meetings.
- There was clear information available throughout the service about how to report a safeguarding concern.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and relatives of people using the service told us staff knew how to meet their individual needs and keep them safe. One relative told us, "My [family member] has a little machine to help them in and out of bed, staff talk to them while they're doing it and [family member] never seems worried." Another relative told us staff explained everything about keeping their family member safe in the extra care unit. We also heard how staff knew how to keep people safe from the risk of choking.
- People's care records mostly indicated risks were assessed thoroughly and at appropriate times. Measures to mitigate risks were documented to provide guidance to staff. We noted details relating to certain risks was absent in some people's files but this was rectified immediately after the inspection. We were assured from our conversations with staff and people that at the point of delivery, care was always safe.
- The monitoring of people's safety and management of any emerging difficulties was particularly good. The staff met weekly with health care professionals from the onsite medical centre to discuss and review people's needs. This was an effective system which ensured relevant referrals to specialist teams were made, and supplementary actions such as starting a falls diary, were commenced before problems escalated. People at risk of falls had their pendants checked on a weekly basis.
- There had been few accidents or incidents within the service. However, where accidents and incidents occurred, these were recorded, assessed and acted upon appropriately. Measures were also introduced to mitigate future risk, for example we heard the service purchased a back-up system to ensure continuity of safe service after a person's call bell system failed.
- There was regular oversight of potential concerns which helped to prevent incidents from occurring in the first place.

- The service had a Business Continuity plan in place to maintain service and mitigate the risk of a minor incident turning into major incident. People's personal emergency evacuation plans had been created in consultation with the fire brigade to ensure they gave clear salient information.

Using medicines safely

- Medicines were managed safely and people and their relatives told us they were very happy with the support they received which ensured they took their medicines as prescribed.
- Well-trained staff had their competence to administer medicines assessed on a regular basis.
- People's records relating to their medicine, including medicine administration records (MAR) were mostly clear and thorough. We identified only a few relatively minor errors and omissions in people's MARs and there was a system in place for identifying them. For one person, documentation relating to a medicine prescribed to be taken as required did not indicate clearly enough how it was to be administered. Management took immediate action to rectify this.
- The ordering and storing of medicines and the administration of medicines which require specific storage and recording was carried out by team leaders. We saw effective and robust systems in place which demonstrated best practice was being followed.
- Staff completed regular medicine audits for people which drove improvement in the management and recording of medicines administered.

Staffing and recruitment

- People and relatives were very happy with the support they received and told us they did not have to wait long for staff to assist them.
- The registered manager told us they sought to ensure there were sufficient and appropriately deployed staff to ensure people's needs were met at all times. They said people's dependency levels were discussed monthly or when assessing a potential new admission and staffing levels were adjusted accordingly.
- Permanent staff were recruited in accordance with the provider's standard recruitment procedure, which was robust and ensured the necessary checks and assessments of suitability for a role were carried out.
- Staff from a specific provider approved recruitment agency were used on occasion if care hours could not be covered by permanent staff. Agency staff were inducted and worked alongside experienced members of staff before providing care alone and they did not administer medicines. Volunteers were also involved in assisting with tasks such as accompanying people out on trips. The checks and assessments of people proving such assistance were thorough and suitable.

Preventing and controlling infection

- Staff were trained in infection control, food hygiene and health and safety
- We were assured staff and management routinely undertook appropriate infection control measures when providing personal care to people. We had no concerns about unsafe practice.

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's needs were fully assessed and their care was delivered in line with their needs and preferences. A person told us, "I've been here a long time now and all my needs are met, even if I have a headache, they are on to it."
- Care and support was planned and delivered in line with legislation and nationally recognised tools. This ensured good care delivery and outcomes for people using the service. The registered manager and staff had access to and were kept well informed of updates in the sector, ensuring their practice reflected both national and local guidance.

Staff support: induction, training, skills and experience

- People and relatives praised the staff for their knowledge and abilities to provide care and support. One relative said, "I have confidence in them, they really know what they are doing." Another relative told us, "The staff explained everything about keeping [family member] safe and what could be done and they were very good at answering any questions we had."
- Staff were encouraged to undertake training and had good access to training materials. A staff member told us, "The company is very pro-training and likes to open opportunities for individuals to progress with their careers." The registered manager explained, "Beyond mandatory training we like to provide staff with the tools to support with all areas of wellbeing." We saw evidence of training on subjects such as domestic abuse, and diabetic foot training. If training was required, this was arranged. For example, training on Parkinson's and oral health was being put in place. Dementia leads all followed dementia excellence training courses.
- Whilst some staff were slightly overdue with their training on various topics, the management had plans to remedy this quickly.
- We were assured staff were thoroughly inducted and there were regular supervisions and practice based observations and competency checks in place, to ensure staff continuously delivered a high standard of care.

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

- Where people required support in this area, staff ensured they maintained a healthy diet and had ready access to food and drink. Where people needed to have their food prepared in a certain way, for example, cut into small pieces, this was always arranged. Staff were adept at understanding non-verbal people and ensured they had control over what and how much they ate and drank.
- Staff assessed and monitored people's weight, fluid and food intakes where this was required and took appropriate measures, including making referrals to specialist teams when needed.

- The service had introduced a monthly survey, with input from a person using the service, to assess people's meal time experiences. We saw that this process had led to various improvements, including enabling people in the extra care unit to be involved in laying the table and washing and drying up. This enhanced people's engagement and interest in meal times.

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

- People benefitted from excellent on-site medical services. This enabled people to have quick and easy access to a doctor or specialist nurse practitioner. A relative told us their family member benefitted from the onsite nurse and weekly visits from the doctor. They told us, "We are always talking about dentists and other people, they sort it when it's needed for us."

- The management held weekly meetings with the medical team to discuss, review and agree actions relating to people's emerging and actual health conditions. Records showed that people were referred to specialist healthcare teams as required to maintain and improve their health and wellbeing. Staff also supported people to ensure they received regular check-ups and support to avoid problems developing with their oral health, vision and hearing.

- We repeatedly heard that staff recognised and acted promptly if they had any concerns about people's health. A relative told us if their family member was unwell, "They [staff] notice straight away." They told us on one occasion, staff arranged for their family member to be seen in the Accident and Emergency department of the hospital, "They were okay in fact but the carers weren't taking any chances, I'm very grateful to them."

- The service worked collaboratively with external agencies and professionals to ensure person-centred and effective transfers between services. The registered manager liaised extensively with a trusted assessor at the local hospital and healthcare professionals to ensure measures were put in place to enable a person to return to the service, as was their wish.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and their relatives told us staff routinely sought permission before offering people care and where needed, they helped people to make their own choices about their care.

- Management and staff had received training on the MCA and showed understanding of the principles of this piece of legislation.

- Nine people lived in a secure extra care unit where they received enhanced care due to their medical conditions. Some of these people's care records did not clearly show how decisions about their care and support had been reached. Through discussions, we established the decision to house each person in this unit was appropriate and the deputy manager was in the process of obtaining relevant records from the allocated social care professionals.

- Whilst the care in the secure unit was appropriate, there ought to have been records readily available, outlining each of the relevant decision-appropriate assessments for each person. The registered manager agreed that in respect of certain decisions, these were for the service to undertake. This included decisions

relating to the administration of medicine, which for one person was especially important due to their condition. These oversights were immediately acted upon by management who confirmed they would keep the best interest decisions under review, as appropriate.

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 now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Without exception, we heard staff were very kind, compassionate and enhanced people's lives. Staff demonstrated empathy and sensitivity and developed meaningful and sincere relationships with people. Staff knew people well and were very attentive, engaging on a personal level with people which enriched their lives.
- A person told us, "The staff are great, they are very friendly, I can't fault them." Another person said, "They are very caring, they would do anything for me. I like music and ask them to leave it on when they are here, we talk about what types of music we like then." A third person told us, "They treat me very well, they are all nice and friendly, we have nice chats." Staff told us they thought of and cared for the people using the service as if they were family members.
- People were at the heart of the service and staff delivered care with affection and tailored their approach to people's individual needs. A relative told us, "The staff are very caring, they walk with my [family member] and hold their hand, they chat all the time they are with them and it's lovely. They sit and have a cup of tea with them, they chit-chat, they say, you look nice today and my [family member]'s face lights up." Another relative said, "They are very kind to them. I can't ask for more."
- People benefitted from being cared for by staff who showed discretion and sensitivity. They supported a person with a health condition in such a way that their condition was not made known to others using the service. This was particularly important to the person due to their prior experiences. We heard how this person had flourished since they had moved in to the service, due to the reassurance provided by and the trust they had in the staff.
- During the inspection we observed tender and thoughtful interactions. Staff gave people living with dementia sensory comfort in the form of gentle hand-holding. The registered manager said of one person "If I sing (a particular song) to them it really calms them down because it was their deceased spouse's favourite song."
- Staff also empathised with and supported relatives. We heard how the deputy manager had helped a family member cope with bereavement. Other relatives told us how much they appreciated always being kept informed by staff. A relative told us, "The staff can see in [family member]'s face if they are happy or worried and they tell me...nothing slips past them. I feel reassured."

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

- People and their relatives were involved in care planning and the service ensured people were at the heart of decision-making. A person's relative told us, "[Family member] and I were really involved in re-doing [family member]'s care plan. The staff did really well with it. We discussed it with care staff to check we got it

right." We noted this person's very good communication plan and staff knowledge enabled their involvement in discussions. Another person told us they felt very involved in decisions made with staff and doctors.

- Staff assisted another person to benefit from advocacy support and the experience was so positive, the person had since expressed a desire to become an advocate themselves.
- People benefitted from unhurried care, which put them at ease. This coupled with staff knowing them well created the conditions for people to express themselves and contribute to decisions. A relative told us, "[Family member] is more confident to speak for [themselves] thanks to the staff. I used to translate for them, but now [they have] been there for a period, they can tell staff directly." Another relative said, "They are very patient and take things slowly for [family member living with dementia]. They never get a (verbal) answer but it doesn't stop them talking and sometimes they get a thumbs up."
- We heard many examples of staff giving people the freedom and opportunity to make their own choices. One relative told us, "Staff go out of their way to get out the right clothes for [family member] and ask them to choose."
- The service was adept at finding and using creative ways to communicate with people, so they could feel involved and empowered. For one person, for example, staff used a specialist application on a mobile telephone to aide communication. A relative said, "It's difficult to get any response from my [family member] but the staff will follow [person]'s eyes to see what they want."
- Staff adapted to people's individual and collective communication needs. They ensured people's aides for hearing were routinely available and maintained. The registered manager spoke extra loudly at a tenants' meeting so a person could hear and be involved. Staff also adapted signage, provided information on a display board, and ensured people requiring them benefitted from flash cards to aid communication.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to empowering and enabling the people they supported. One relative told us, "I've known [family member] to not want to clear up, the staff would never make them but they are good at encouraging. They know when to help out but they let [family member] do everything they can first... I'm pleased because it gives [family member] dignity."
- We heard further examples of staff encouraging people to be independent. One person was reclusive when they joined the service, but with encouragement from the staff, they were now going out to do their own shopping. Another person was provided with their own device, their 'wand', to enable them to open a gate themselves so they could tend to the chickens in the gardens of the service. For another person, the staff put 'L' plates on their mobility scooter and the registered manager went out with them twice a week so they could build up their confidence and ability to use their scooter alone.
- Staff were respectful and courteous, promoting people's dignity and pride. One person told us, "They are all polite to me, they listen too, they don't make any assumptions about what I want." A relative said, "As a family, we feel respected by the staff." We observed staff valuing people's right to privacy and people told us personal care was always undertaken with discretion.

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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received extremely individualised care from staff who consistently responded to their needs, wishes and preferences. People and relatives spoke of a service that was completely responsive to people's needs particularly when people were unwell or showing signs of becoming unwell. One person told us they, "Had a conversation with the team who instead of just trying to sort my depression with tablets actually spoke to me in depth to understand why I am like I am. They really encouraged me to seek advice and medical support about being able to walk again with the assistance of a specialist walking device. The medical team arranged for me to join the gym so I can regain my strength. I can't wait to be me again. If it wasn't for their encouragement, support and belief in me to succeed I wouldn't have had the confidence to do this myself."
- A stable team of staff knew people very well and enabled them to strive for and achieve their goals. A person told us, "I am independent and they pay attention to what I say I'd like to do. I'm doing more now than I used to at home. I've got a new lease of life."
- We heard numerous examples of staff supporting people to do things that enhanced their health and wellbeing. They enabled one person to take responsibility for caring for the chickens in the garden of the service, which gave them a sense of purpose and great enjoyment. Other people were supported to deliver information to people's flats or call out the bingo numbers because these activities mattered to them and boosted their sense of self-worth. Another person was withdrawn and feeling low. They said, "The staff recognised this and encouraged me to join in the weekly flower-arranging sessions. This gets me out of my four walls and my problems go away."
- Without exception, people living with dementia received excellent support for their condition. A comment from one relative which reflected others' views was, "I'd recommend the service to anyone, especially people with dementia. It's the care they get, it's second to none."
- People living with dementia were supported by a dedicated group of dementia leads, whose role was to provide effective practice and advice to enhance people's wellbeing. This included cognitive stimulation therapy 'Forget me Not' courses, which delivered individualised and group sensory stimulation, group singing, quizzes and activities tailored to people's capabilities. This helped people reconnect with memories and gave them a sense of purpose and belonging. It clearly transformed the lives of some of those who attended. Staff supported people living with cognitive impairment with a range of other activities, including developing their own 'Music Mirrors' compilation of sounds and songs online, which evoked memories, gave interest and joy whenever they wished to listen to it. This exceptional care provision won a 2019 Norse award for outstanding specialist support.
- Care and support plans were personalised, thorough and reflected people's needs and choices. People

and their relatives were involved in developing and reviewing care plans and the service responded to their wishes. A person told us the registered manager regularly reviewed their care with them, "Then its updated, I look over it first and I am asked what I think. If anything has changed, if I have different tablets, we talk about what it means for me." A relative of another person said, "Their care is reviewed every six months and we're invited every time, it's a real dialogue." Other relatives spoke about feeling 'listened to'.

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.

- The registered manager understood fully their obligation to follow the AIS and we saw excellent examples of this happening. Information was provided to people in different formats as required, whether this be in large font, pictures or by spoken word through a specific mobile telephone application.

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 was welcoming, friendly and had a very inclusive feel. Staff went to great efforts to ensure people did not feel left out or isolated to promote good mental well-being. This included the introduction of monthly 'tickety-boo' checks, where staff spent dedicated time asking people how they were feeling. Staff enabled a person who didn't like to socialise themselves, to still be involved by encouraging them to take photographs of social events. They arranged for a musician to play to another person in their own flat because they didn't wish to join others in a communal area. A relative told us, "[Family member] is always taken down and someone will sit with them, they are not left out of anything." Relative also spoke about feeling welcomed by staff whenever they visited.
- People were encouraged to benefit from activities that were relevant to them, this included 'oomph' exercise classes, undertaking activities with local brownies, attending local schools, celebrations within the city, and having their hair cut and nails tended to. The service truly embraced the notion of individualised and holistic care.

Improving care quality in response to complaints or concerns

- We saw evidence of very good complaint management. This included the service learning from and improving care provision in response to complaints. The management team clearly took time to reflect and respond to complaints on an individual basis whilst also implementing service-wide changes as appropriate. They embraced this process as a means to drive positive change.
- Complaints information was clearly available and relatives told us they would have no hesitation in raising any concerns, should they need to. People and relatives had confidence that staff and the registered manager would take these seriously and act promptly to resolve any issues.
- There was an evident 'listening' culture within the service and we had no doubt staff would take time to understand and respond appropriately to any grievances raised.

End of life care and support

- Staff were trained in end of life care and encouraged to spend time at an undertakers and crematorium as part of their learning and development. This equipped staff with the knowledge to fully support people and their relatives and demonstrated the importance attached by the service to ensuring people were cared for with maximum dignity and respect.
- People received thoughtful and person-centred care as they approached the end of their life and after they had died. We heard about a person who loved certain film characters. In accordance with their

advanced care plan, staff attended their funeral dressed as these characters. We heard the person's family sent compliments to the staff for their care and dedication in meeting their relative's wishes.

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

- The registered manager genuinely cared about the people using the service and the staff. They led by example, showing compassion and commitment. People received responsive and effective care from kind and thoughtful staff, who were listened to, supported and empowered by management.
- The registered manager clearly valued their staff telling us, "I am very proud of the team we have here, on a daily basis we strive to do as best as we can. I'm nothing without my team." The deputy manager shared this team-minded approach. This investment in and respect for their staff helped create a culture of care which clearly benefitted people using the service and contributed to the managers being nominated for the Norse Management Team of the Year award in 2019.
- Staff told us they felt well supported and nurtured by management. The deputy manager said, "[Registered manager] is absolutely fantastic as my manager and in guiding me." Good practice was recognised and there was an effective Emerging Talent programme. The service won two Norse awards in 2019 for Newcomer of the Year and Care worker of the Year. The registered manager told us the provider supported them in making reasonable adjustments for staff to enable them to gain promotion and undertake their roles, regardless of their disability.
- People and relatives spoke of an open culture where they could talk easily with staff and management, who they said were approachable and visible. They were very happy with the care they received.

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 understood fully their responsibility to show candour when things went wrong. We saw this through honest and effective complaint management.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There was a strong governance framework in place which involved comprehensive auditing and checking at provider, management and staff level. Mostly these systems worked effectively and we saw evidence of issues being identified and remedied appropriately. The systems had not, however, picked up on missing information and details relating to risk assessments, mental capacity assessments and best interest decisions. We also noted records were not always available to indicate whether people with capacity had signed to give consent to their care.

- We saw there were regular and meaningful meetings held at various levels of the organisation, which provided for a further level of oversight.
- All staff we spoke with had a clear understanding of their roles and responsibilities and there was sense of individual and shared ownership of care delivery.
- The service recognised the importance of involving and gaining feedback from people using the service and their relatives, to monitor quality and drive improvement. We saw evidence of people's involvement in the development of the service via mealtime audits and tenant meetings with the registered manager. People and their relatives were asked for their views via annual surveys, and a noticeboard in a communal area was used to ask a question each month relating to the delivery of care, which could be responded to anonymously.
- Evidence of the service acting upon feedback was seen for example, 'You said, we did' posters were compiled in response to the annual surveys.

Working in partnership with others

- The service worked very effectively with health care professionals and trusted assessors to achieve very good outcomes for people.
- Good links had been made with community groups such as the brownies and rainbows, who brought joy and rekindled memories for people during group activities.
- A group entitled 'Exercising People in the Community' was heavily involved with the service and worked collaboratively with staff so that people could benefit from regular exercise.
- The service had also created good working relationships with local schools, who provided a carol service and invited people using the service to Christmas meals. The service had been involved with students from the local university regarding a research project.