

Norse Care (Services) Limited

# Oakes Court

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

About the service:

- Oakes Court is a housing with care scheme that provides personal care to people living in their own flats. At the time of the inspection, 36 people were being supported by the service with personal care.

People's experience of using this service:

- People were safe when staff provided them with care and were overall, happy with the quality of care they received.
- Risks to people's safety had been assessed and staff acted to protect them from the risk of harm as much as was reasonably practical, whilst being mindful of people's rights to maintain their independence.
- Staff understood how to protect people from the risk of abuse. Any concerns raised had been reported to the Local Authority for investigation as is required. However, CQC had not always been notified of some important incidents. This is required so the CQC can monitor the quality of care being provided to people.
- People told us there were usually enough staff working at the service to keep them safe and to provide them with support when they required this. However, some of them said improvements could be made regarding the timings of their care visits. The registered manager agreed to investigate this.
- People received their medicines when they needed them, and staff used good practice to protect people from the risk of the spread of infection.
- When things went wrong, the service learnt from this to improve the quality of care people received.
- Staff obtained consent from people before providing them with care. Where people could not consent, staff acted in their best interests in line with the relevant legislation.
- Staff had received enough training and supervision to enable them to provide people with good quality care. They were happy working at the service and felt valued.
- Staff were kind, caring and compassionate towards people. Staff treated people with dignity and respect.
- There was an open culture within the service. People had a voice and could raise their views about the care and support they received. Their suggestions for improvement were listened to and changes made where possible to improve people's quality of life.
- The registered manager had developed good relationships with other services within the local community to ensure people received support with their healthcare needs and to enhance their wellbeing.
- People told us they felt the service was managed well. The registered manager continually reviewed the service they provided and was keen to introduce new ways of providing care to help improve people's health and wellbeing.

Rating at last inspection:

Good (Published November 2016)

Why we inspected:

This was a planned inspection based on the period since the last report was published by CQC.

Follow up:

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

# Oakes Court

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of an inspector and an 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:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing. This inspection looked at people's personal care and support service.

At this service, people lived in their own flats and had access to several communal areas where they could reside if they wished to.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. In this case, the registered manager was also the provider. They have therefore been referred to as the provider throughout this report.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection visit to Oakes Court we:

- Reviewed the information we held about the service and the provider. This included any notifications the

provider had to send us by law and information we had received from members of the public about the quality of care being provided;

- Reviewed the information the provider had sent to us in their Provider Information Return. Providers are required to send us key information about their service, what they do well and improvements they plan to make;
- Obtained feedback from the commissioners of the service.

During the inspection visit to Oakes Court we:

- Spoke with the registered manager, deputy manager and three care staff;
- Spoke with nine people who received support with their care at the service and three visiting relatives;
- Looked at various records relating to the care that people received which included two people's care records and medicine records. We also looked at a range of records regarding how the registered manager and provider monitored the quality of care people received.

After the inspection visit to Oakes Court:

- the registered manager sent us further information regarding the inspection of the service which we reviewed and have included within this report.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People living at Oakes Court told us they felt safe when staff provided them with care. One person said, "I feel safe because I know there is someone here all the time to keep an eye on me." A relative told us, "I think it is really safe here. When people are in wheelchairs I have seen the staff telling them to put their feet up on the rests and they will put the brakes on when they stop."
- Staff knew how to recognise abuse and protect people from the risk of abuse. The registered manager had reported abuse or alleged abuse to the local authority safeguarding team when it had been recognised.
- People were supported to understand how to keep safe and to raise concerns when abuse or alleged abuse had occurred.

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

- Risks to people's individual safety had been assessed and staff demonstrated they knew what actions to take to mitigate risks as much as possible. For example, staff told us they encouraged people to move regularly where they had been screened as being at risk of developing a pressure ulcer.
- When accidents, incidents or errors had occurred, staff had reported these to the management team appropriately. The management team then investigated each accident or incident and put measures in place to try to reduce it from re-occurring. For example, where people had fallen the use of certain equipment to help reduce this risk going forward had been discussed with them.

Staffing and recruitment

- People gave us mixed views regarding staffing levels. One person told us, "If you press the alarm in an emergency they will come quickly." Another person also said staff came quickly when they requested assistance. However, a further person told us, "There are more people in here now that need more help. We sometimes must wait and don't always know when staff are coming." People who told us they had to sometimes wait for assistance said this did not adversely affect them.
- All the staff we spoke with told us they felt there were enough staff available to respond to people when they required support. They added that on occasions, people may need to wait for assistance, but they said this was rare.
- The registered manager told us they regularly reviewed the number of staff working for the service to ensure there were enough available to meet people's needs.
- New staff told us they had been subject to several checks before they had been allowed to start working at the service. These included references from their previous employers, checks of their identity and a Disclosure and Barring Service check. The registered manager confirmed new staff could not start working at the service until they were satisfied they were of good character and safe to work with the people using the service.

### Using medicines safely

- People told us they received their medicines when they needed them. One person said, "The staff look after my medication. I must take it regularly throughout the day. They look after it which really helps me. I don't have to worry about it then. I have never had any issues with it."
- Staff had received training in how to give people their medicines and they told us their competency to do this safely had been assessed. They explained how they gave people their medicines and this was in line with best practice.
- There was enough information in place to guide staff on how to give people their medicines safely.

### Preventing and controlling infection

- People told us they were happy that staff used good practice to reduce the spread of infection. They said staff always wore gloves and aprons when providing them with care.
- Staff demonstrated to us they had a good understanding of infection control.



# 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

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

- Care records showed that people's needs, and choices had been holistically assessed with them and/or a relative before they started using the service. This included physical, mental, social and cultural needs.
- People's care needs had been regularly reviewed to ensure the service could continue to meet them.

Staff support: induction, training, skills and experience

- People told us most staff had the skills and experience to provide them with effective care. One person said, "The staff help me get up and they have to use a hoist. I feel perfectly safe when they do that." However, some commented they felt that certain staff lacked confidence and didn't know how to do tasks such as make beds or helping them to wash to their satisfaction.
- The staff we spoke with said they felt they had received enough training and supervision to provide people with good quality care. They said they had been regularly assessed by a more experienced staff member to ensure the care they provided to people was correct and safe.
- Staff told us their training was up to date and they were supported to complete training in several different subjects to help them provide people with effective care.
- Staff new to the service received a thorough induction and were able to shadow a more experienced staff member until they were competent and confident to provide care to people on their own.
- Staff new to care completed the Care Certificate which is a recognised qualification within health and social care.

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

- People who received support with eating and drinking told us this was received to their satisfaction.
- Staff we spoke with told us they monitored people closely if they were concerned they were not eating and drinking enough. They explained how for one person, they regularly supported them to drink a prescribed supplement to help them gain weight.
- Records showed that staff had worked with people and other healthcare professionals where necessary to help reduce the risks of people not eating and drinking enough to meet their needs.
- Staff had a good understanding of people's likes and dislikes in relation to food and drink.

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

- People told us they received support to maintain their health and gain access to healthcare services if they required this. One person said, "They will get the Doctor out for you. It is not a problem." A relative told us, "It was Mum's responsibility to call her Doctor out if she needed but if the staff thought she had been off colour for a few days, they would encourage her to call the Doctor."

- The staff and registered manager told us they worked with a variety of other services to ensure people received good quality care and support with their health. This included social services, GPs, district nurses and occupational therapists.

#### 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People and relatives told us their or their family member's consent was sought before staff provided them with support.
- The staff and management team demonstrated an understanding of the MCA. They told us they always offered people choice to help them decide about their care and would only act in their best interests where the person was unable to decide for themselves.
- Records were not always in place where the registered manager said they were supporting people in their best interests. For example, some people had sensor mats in their rooms to alert staff when they got up. The registered manager said these were in place in the person's best interests to help reduce the risk of them falling and injuring themselves. However, there were no records to demonstrate whether the person could or could not consent to this decision. It was not always clear in the records which people had been involved in making the best interest decision where people had been unable to do this for themselves.
- The registered manager agreed to immediately review and implement the required records. They sent us evidence of this after the inspection visit.

# 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

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

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

- People and relatives told us staff were kind and caring. One person told us, "The staff are all really kind, helpful and patient. I have no complaints." Another person said, "The staff are like angels with no end of patience." A relative told us, "The staff knew Mum as a person not just a number. They knew her likes, dislikes and quirks. They took it all into account when they were helping her. I couldn't have asked for better care."
- Staff we spoke with demonstrated they knew people they supported well. They talked about some people's life history and how they used this to build rapport with people.
- Staff spoke about people in affectionate tones. One staff member said they felt the people living at the service were 'an extended family'.
- Staff understood people's diverse and cultural needs. One staff member said they supported a person to have access to religious material to support their faith.
- Where we observed staff interacting with people either in their own homes or in the communal areas of the service, this was done in a kind and caring manner.
- The registered manager told us how some staff supported people in their own time to help improve their wellbeing. For example, one staff had come in on their day off to ensure people had received fish and chips from the local shop which they knew people enjoyed. Another had taken a person to the theatre in their own time as they knew they would enjoy this experience.

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

- People told us they could express their views to the registered manager and staff when they wanted and felt in control of making decisions about their own care needs.
- People could express their views in a variety of ways. This included completing an annual survey regarding the quality of care they received, during reviews of their care, at tenants' meetings or they could visit the registered manager daily to speak with them.
- Staff told us they always involved people in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their independence was encouraged. The relatives we spoke with agreed with this. One person told us, "You can be independent but if you need help the staff are there for you." Another person said, "They have to move me from the shower to dry me and they always cover me with towels."
- Staff demonstrated through conversations with us that they respected the people they provided care and support to.
- We observed staff treating people with respect during our inspection visit. They were polite and kind and

encouraged people to be independent. For example, encouraging a person to eat their lunch themselves whilst being there if the person needed them.

## Is the service responsive?

### Our findings

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

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

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

- People told us the care they received met their individual needs. The relatives we spoke with agreed their family member's needs were met. One relative told us, "The staff spotted that [family member's] glasses had broken so they mended them for her. Then they noticed an ornament had got broken so they stuck that together." Another relative said, "Mum used to ring the bell to get staff to come and mend the TV. It wasn't broken, it was just that she had pressed the wrong button. It didn't matter how many times she rang they always came, and they were always patient with her."

- People told us that most of their preferences about how they received their care were met. For example, people said they had a choice of male or female carer to support them. However, some told us the times of their calls were not always in line with their individual choice, particularly in the mornings.

- The staff we spoke with demonstrated a good knowledge of people's individual needs and preferences and told us they could meet these most of the time. They said they tried to meet people's preferences in the mornings where they could, but that this could be difficult if people wanted to get up at the same time. The registered manager echoed this but agreed to immediately investigate people's concerns in this area.

- People and relatives if required, had been involved in the initial assessment of their care needs. From this, a care record had been developed that provided staff with information on how to provide people with the care they required. Staff told us the care records provided them with good guidance in this area.

- People's communication needs had been fully assessed. Information was available in various formats if required such as large print. The registered manager told us how in the past they had worked with one person using pictures cards to aide their communication.

- People had access to activities to improve their wellbeing. This had recently been introduced at the service.

- People were encouraged to maintain relationships that were important to them. The service had an area where relatives could stay so they could be near their loved one for example, at the end of their life.

- Information was available throughout the service to sign post people to other services that may be of interest or help to them. For example, Age UK.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complaint if they needed to.

- The registered manager had fully investigated and responded to any complaints that had been made.

Action had been taken where required to improve the quality of care being provided. For example, several people had recently complained about the standard of food provided at the service. The management team had taken this on board and were investigating how they could improve this for people.

End of life care and support

- Where they wished to discuss this, people had spoken to the staff and registered manager about their

wishes at the end of their life.

- The service had received several compliments about how they provided people with compassionate care at the end of their life. Comments made included, 'You always kept an eye on [family member] and you went the extra mile, it took a load off our minds' and 'Your kindness and compassion was wonderful.'
- Information was available to people within the service regarding how they could make end of life plans.
- The service had completed the Six Steps Programme for end of life care. This is an accredited programme where a service demonstrates it provides good quality end of life care.

# 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.

Some aspects of service management and leadership were inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Notifications to the CQC as is required by law had not always been made. For example, we had not been notified that one person had managed to leave the building in June 2018 when it had been unsafe for them to do so.
- Most of the audits the registered manager had undertaken to monitor and improve the quality of the care provided, had been effective at identifying issues and driving improvement. For example, staff training was monitored closely to ensure staff had the appropriate skills and knowledge to support people effectively. However, the registered manager or provider had not identified through current governance processes, that some people's records did not always contain enough information with regards to assessment of people's capacity or decisions that had been made in their best interests.
- The registered manager was responsive to our feedback and agreed to review any shortfalls immediately and make the necessary improvements.
- The registered manager had arranged to be involved in some research projects looking to improve the wellbeing and healthcare of people using the service. One project had involved people using exercise equipment to see if this improved their quality of life. They were currently investigating a new holistic approach to end of life to see if it was suitable to be tried within the service. Also, they were about to start working with Trading Standards to help raise people's awareness of scams and how to protect themselves.
- The care staff understood their roles and responsibilities and were complimentary about the running of the service. They told us they felt listened to and valued.

Planning and promoting person-centred, high-quality care and support with openness; how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were very happy with the care that was provided, and all said they felt the service was well led and would recommend the service to others. One person told us, "The manager is very good, she is friendly and seems to know you. I have recommended it to several friends and some have moved in." Another person said, "[Name of manager] is very enthusiastic. She tries to improve things around food and activities and how you are looked after." A relative said, "I think it is the best place round here. I have been to others and this outshines them all."
- People and staff told us the service had an open culture. They found the management team approachable and could speak to them at any time they wished to for help and guidance.
- People were regularly asked for their opinion about the running of the service. This was either during visits the staff or registered manager made to them, by an annual survey or at tenants' meetings. People told us this gave them a voice about the running of the service and they were listened to. One person told us, "We

have residents' meetings and we have a meeting before that to discuss what we want to raise. They do listen to you and try to sort things out." Another person said, "We have a residents meeting and you can have your say. We keep mentioning the food and how awful it is. The Manager is trying to do something about it."

- The management team demonstrated they were passionate about providing people with good quality person-centred care.

#### Working in partnership with others

- The provider had developed good working relationships with other services such as the NHS and local authority to support people to receive the care they required.
- Links with the community had been established for the benefit of people using the service. For example, the local WI visited regularly. Individuals from various faiths visited the service to support people with their spiritual needs and the registered manager had arranged for the local police to visit people to speak with people about their personal safety.