

# Norse Care (Services) Limited

## Green Lane View

### Inspection report

St Michaels Avenue  
Aylsham  
Norfolk  
NR11 6GA

Tel: 01263733171

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Green Lane View is a housing with care service that provides personal care to people living in their own flats. There are 30 flats in the service and at the time of the inspection 29 people were receiving support. 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

Every aspect of the service was person-centred and staff were passionate about promoting people's wellbeing by taking a truly holistic approach to their care. End of Life care and support was exceptional. Staff responded extremely well to changes in people's needs and the service actively helped people avoid social isolation. People and relatives had confidence that any issues would be quickly resolved.

People received care from very kind and thoughtful staff, with whom they had built close and trusting relationships. People were encouraged to have a voice and staff took great care to ensure they felt able and comfortable to communicate their views. This ensured they were always involved in discussions and decisions relating to their care. People were empowered to live their lives as independently as possible and always treated respectfully by staff.

The registered manager demonstrated very good leadership and instilled a caring and inclusive culture of care delivery. People, relatives and staff were all extremely positive about the service. There were effective quality management processes in place and service development and continuous improvement was embraced. Engagement with stakeholders and across the community was strong.

Staff training was very good and leads in designated care areas ensured people received high standards of care. This included nutritional and hydration support and input from health care professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff ensured people were always provided with care that kept them safe. Staff knew how to manage any potential risks to people using the service. Medication management was effectively monitored and there was evidence that any incidents, or near misses were thoroughly recorded, investigated and acted upon. Lessons were learnt in relation to safety incidents.

### Rating at last inspection

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

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

# Green Lane View

## 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 by one 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 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 [and support] 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 unannounced.

#### 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 six people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a team leader, two care assistants and an activity worker. We also spoke with a district nurse.

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

#### After the inspection

We reviewed some additional evidence sent to us by the provider and we spoke to a district nurse about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management ; Systems and processes to safeguard people from the risk of abuse

- People and relatives told us and records showed that staff ensured people's safety. Records of risk assessments were current and clear. They identified measures to protect people, as much as possible, from experiencing harm, which staff could describe without hesitation. The assessments covered risks such as falling, developing pressure ulcers or not eating enough.
- Staff and people communicated through a two-way call point system, which enabled people to call and explain to staff the reason for their call. This enabled staff to effectively prioritise who they attended to, ensuring people with urgent needs were seen first. A relative told us, "The call point system is amazing. It keeps [family member] very safe."
- Staff received training in safeguarding and demonstrated they knew how to recognise and respond to potential signs of abuse. Information on how to report any safeguarding concerns was available to staff, people and visitors. We were assured from our conversation with the registered manager, that they would appropriately manage any safeguarding concerns, should they arise.
- Appropriate servicing and checks ensured that people were kept safe from any environmental hazards. There were clear plans in place in event of an emergency and personal evacuation plans were readily available to emergency services.

Staffing and recruitment

- The service employed sufficient staff to ensure people's needs were met at all times. The registered manager managed staffing levels by using a dependency tool and reviewing people's needs on a weekly basis. 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. We observed good staffing levels during our inspection. Staff were patient with people, providing care at a pace to suit people's needs.
- The service benefitted from many long-standing staff, which supported continuity of care and contributed to the strong sense of team working. New staff were recruited safely and they were thoroughly inducted into their role. We were assured that people always received care and support from knowledgeable and skilled staff.

Using medicines safely; Learning lessons when things go wrong

- All staff were trained to administer medicine and their competence to do so safely was regularly assessed. The records we viewed demonstrated that staff were managing people's medicines safely. People and relatives were happy with the support they received from staff in respect of their medicines. A relative told us, "Medicine is given by the staff every day on time. There are no problems with its administration."
- Up until recently there had been a high number of medicine recording and administration errors over a 12

month period. These had all been acted upon promptly and appropriately by staff who ensured people remained safe and well. The registered manager had responded by implementing a more robust quality management system. They introduced medicine audits towards the end of every shift and ensured the staff member responsible for medicines was allocated protected time to manage the next cycle of medicines.

- Incidents and accidents were recorded and investigated appropriately. This involved establishing why an event had occurred and sharing learning with staff to ensure it did not happen again. There was good oversight of such incidents, which enabled any patterns or trends to be identified.

#### Preventing and controlling infection

- There was a nominated infection control lead in the service. They were responsible for undertaking quarterly infection control audits, sharing good practice and ensuring there was always enough personal protective clothing in people's flats for staff to use.

- Staff were trained in infection control, food hygiene and health and safety. We had no concerns about the spread of infection through 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 holistically assessed and staff were made fully aware of their care needs prior to them moving into the service.

- Staff kept their knowledge and practice up to date to ensure they were delivering care in line with recognised guidance. Technological aides, such as the two-way call system were used to good effect and supported people's safety.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained and competent to deliver care and a health care professional said the staff were always very keen to learn. We heard from one person using the service, "All the staff are very good."
- The induction of new staff was thorough and involved completion of the Care Certificate, which is a nationally recognised training programme for care workers. New staff shadowed experienced staff and they were supervised and assessed in their delivery of care. This ensured people always received safe and appropriate care from newly appointed staff.
- There was a strong culture of learning, which underpinned the very good, person-centred delivery of care. All staff followed a comprehensive programme of ongoing training and competence assessment, which ensured they maintained and developed their knowledge and skills. Specialist training was arranged if needed to ensure person-specific care needs were met.
- Staff were supported to develop their abilities, particularly if they showed an interest in a certain area. As a result, some staff were designated leads for specific aspects of care, such as medication or infection control. Their role was to advise and support colleagues and promote best practice. Staff were also encouraged to broaden their knowledge and skills by pursuing qualifications or by working alongside senior colleagues.
- Support to staff was provided through regular supervisions, appraisals and staff meetings.

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

- People who required support with their eating and drinking received this in line with their assessed needs. Staff prepared meals for some people in their own flats and assisted other people to select their meals from an on-site restaurant. Staff were aware of and ensured people's dietary needs were met. They also supported people to make their own decisions about their dietary and nutritional intake. One relative told us, "Staff prepare [family member]'s meals, but they can eat and drink on their own."
- Staff provided effective support, involving outside professionals where needed. Records showed that staff used recognised tools to assess and monitor people's nutritional and hydration support requirements. Staff

responded to emerging situations appropriately. For example, they helped one person to increase their nutritional intake by identifying that they liked buffet-style snacks.

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

- Staff worked effectively with other agencies, ensuring people received care when they needed it and remained safe.
- A health care professional told us staff did everything they could to support another person who was not eating well, including working with a dietician and a specialist health team. They praised the whole team of staff.
- Staff supported people to see health care professionals when this was required, which ensured any health concerns could be identified and acted on promptly. We saw that a relative had contacted the service shortly prior to the inspection to thank the staff team for everything they had done 'to support [Family member] through their recent illness.'
- There were clear records outlining people's individual health and care needs, which supported their safe transfer to another care or health setting in the event of an emergency.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Managers and staff had received recent training and demonstrated a firm understanding of the MCA and how to apply the principles to people using the service. Staff understood the need to involve and support people in decision-making. They enabled a person to make their own decisions about a particular activity, even if others may have felt the decision was unwise. This person was deemed to have capacity to make the decision and staff understood it was their right to do so. People and relatives confirmed that staff routinely sought consent before offering care.
- There were clear records of appropriate mental capacity assessments and best interest decisions. These demonstrated that staff had taken relevant considerations into account as part of the assessment and decision-making process, including ensuring that the least restrictive care option was selected.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A culture of care had been instilled by the registered manager and it was evident at all levels. We observed light-hearted and tender interactions and it was clear that people's wellbeing really mattered to staff. A relative told us, "The staff care about the people who live here, they really do care." A person described staff as 'immensely kind, caring and patient.' The registered manager had an open-door policy and people happily wandered in to their office for a chat. We saw people gently assisting each other and staff told us that people looked out for, and helped each other..
- People and staff were at ease and very relaxed in each other's company. A relative said their [Family member] referred to the team as their 'Green Lane Family'. Another relative said, "All the carers are so friendly and they are always happy to listen to [Family member] and laugh with them."
- Staff demonstrated empathy and understanding for people's situations. A health care professional told us about the lengths the manager had gone to ensure a couple's spiritual beliefs were respected and accommodated. They were provided with 'protected time' when they were left undisturbed by staff to undertake activities associated with their religion and where possible, professional visits were always arranged around their 'protected time.' In another case, staff spent time helping to move items out of a person's flat. This person's relative described the support as being 'over and above what could be expected.'

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

- The service was very much seen as belonging to the people who lived there and the manager was committed to ensuring they had a say in key decisions. They told us, "People are involved in everything that happens here. I don't make any decisions without consulting them first." One example of this related to the preferred choice of pharmacies to use for medicine supply. The manager explained they also involved people in recruitment of new staff. They told us, "I always take the person (applying for the job) around and see how they interact and afterwards I ask tenants what their views are. I then make my decision."
- Staff were pro-active in creating conditions for people to feel comfortable and able to express their views. Staff explained fully and without hesitation how they adapted their approach on an individual basis to aide meaningful interaction. For example, one member of staff told us, "[Person] needs a lot of reassurance and encouraging. You talk to them, and say 'you can do it', We talk about [place of particular interest] and I get them to try and do something to take their mind off their anxiety." Staff adopted a 'meaningful moments' approach in the delivery of person-centred care, which involved caring for people in their reality and time. This supported people, living with certain conditions, to be involved in decision-making and to express their

views.

- As well as putting people at ease, staff knew to check that people's hearing aids or glasses were in good working order and to assess people's general health and wellbeing.
- People and their relatives were involved in and consulted on any key decisions relating to their care. A relative told us, "I feel the staff here listen to [family member] and [family member] feels the same. We have planned [family member]'s care together with staff." Care plans were detailed and individualised and included clear information to support effective communication.

Respecting and promoting people's privacy, dignity and independence

- Person-centred care plans supported staff to help maintain people's dignity and independence. For example, one stated, "I don't wear jewellery or perfume but I do like to look tidy. I no longer wear my plate but I can clean my teeth. Please prompt me do to to this."
- People were routinely supported to maintain their independence, wherever possible. Care plans highlighted areas where people did not require care or where they needed care to enable them to carry out a task themselves. One person's care records informed staff how to keep their living environment safe so they could continue living as independently as possible in their own home. Staff showed a good understanding of how to promote people's independence and the value of this.
- People and relatives confirmed that staff provided care in accordance with their wishes, and that they were respectful at all times. The registered manager said that dignity and respect was at the heart of staff care delivery and a key element of staff training.

# 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.

### End of life care and support

- Staff delivered exceptional end of life care, which was tailored precisely to people's individual needs and preferences and delivered with sensitivity and compassion.
- End of life care planning was excellent. We saw detailed and highly personalised care plans, which for some people had taken significant time to create. For one person, staff held many discussions around advance care plans to ensure they were upholding religious beliefs and wishes. These discussions included the person, their relatives, a GP and a district nurse. A district nurse praised staff highly for their approach to this area of care. They told us, "The carers took a lot of time to understand this person's religion. They involved us so we could discuss fully with the person their preferences regarding medication before they became too poorly. The staff had a really good insight into their wishes."
- The registered and deputy managers were trained and the service was accredited to provide the 'Six Steps' end of life care programme, which is nationally recognised as a best practice approach. Their learning was disseminated to staff to support advanced care planning and end of life care. Staff also undertook separate mandatory training on this topic and those we spoke with explained without hesitation the key aspects of end of life care.
- The registered manager introduced measures to support high quality care delivery. For example, they encouraged staff to spend time at an undertakers if they wished, to support their understanding of the importance of respectful and dignified care and treatment when a person passed away. They increased staffing levels when providing end of life care to ensure people's needs, and those of their relatives or friends could be fully met at all times.
- Staff ensured people and their relatives were very well supported as they approached the end of their life. For example, they arranged and supported one person to spend time with a relative with whom they had lost contact. Staff ensured this happened before the person became too ill to recognise their relative. They assisted both individuals to gradually rekindle some form of a relationship and this gave considerable comfort to both the person and their relative. The family expressed their gratitude to staff for all their support in a thank you card.
- The registered manager told us that staff took turns to sit with another person at all times as they approached the end of their life. This was because their relative was unable to be with them at the time. Staff regularly called the person's relative and held the phone near to them so they could hear their relative's voice, which gave great comfort.
- In another case, a member of staff told us they contacted a GP appropriately regarding a person's food and fluid intake. This helped the person's level of comfort and they passed away peacefully.

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

- Staff provided truly holistic care, to ensure people's health, care, social, spiritual and emotional needs were met. We saw individualised care and support plans which detailed people's preferences, needs and goals, which people and their relatives were involved in developing and reviewing. A relative told us, "[Family member]'s care plan is reviewed every six months and the family is involved in these reviews."
- The registered manager told us that some members of staff walked up to five miles to ensure adequate staffing levels during a particularly bad period of snow. They also told us that staff worked over their contracted hours to sit with a person whose relative could not be present as they neared the end of their life. These examples demonstrated a genuine dedication to meeting people's needs and a member of staff told us, "Our goal as a team is to deliver the best care all the times."
- Staff routinely responded to people's individual circumstances. For example, staff and the registered manager ensured the safety of a person who was suddenly discharged from hospital out of hours at the weekend. The registered manager stayed in the person's flat overnight to ensure they remained safe. They then organised extra staff to provide one to one care until suitable support from health and social care professionals was in place and they pro-actively liaised with a specialist health team, consultant, a GP and social services. This ensured the person's transition back to the service was safely managed and they received the support they needed to remain calm and comfortable.
- We saw evidence of people's support needs being planned and followed through to excellent effect. For example, one person's care plan indicated that staff should 'support [person] to socialise.' We heard from a member of staff that they didn't like to be in the company of a lot of people as they became anxious. Having developed a trusting and close relationship with the staff, they occasionally chose to socialise outside of their flat but it would usually be on a one-to-one basis. Recently, however, they decided they would join in an excursion to a local animal sanctuary, supported by staff. They were animated with the animals and told staff that they had thoroughly enjoyed the experience. This was a huge step forward for this person in managing their anxiety and combatting their social isolation.
- The dementia lead had worked with this person's relative to help them understand and support their family member. The advice and guidance given to their relative to help them provide helpful encouragement and assurance in conjunction with the excellent care provision from staff helped them to achieve good outcomes.
- Staff supported another person to undertake activities which enhanced their sense of self-worth. The person was empowered by staff to collect people's laundry and return it once laundered, wash up for people if they wished and to assist people with certain mobility difficulties. This was emotionally and psychologically beneficial for the person as they had previously looked after their relative and they derived a lot of pleasure from caring for others.
- Staff and the registered manager were imaginative in how they created opportunities for people, based on what was important to them. For example, the registered manager suggested to one person they might like to accompany them on their monthly health and safety checks, and act as a second pair of eyes during the check. This was relevant and stimulating for the person as they had previously held a managerial position in their career and this gave them a sense of purpose.
- A 'Wishing Wall' captured people's goals which they were supported to achieve. For example, one person wanted to ride a motorbike and with input from a local club, 68 fellow bikers turned up for the person's special day. We heard how this memorable event supported the person's mental and emotional wellbeing.
- Care delivery based on equality and diversity was embedded within the service. All staff were trained in equality and diversity and showed a strong sense of recognising everyone as an individual but with equal rights. A member of staff told us, "We enjoy making everyone feel valued as an individual." A relative of a person with a disability told us, "This place is the best, it is brilliant here." People were provided with

exercise movements tailored to their individual needs, in accordance with their own activity risk assessments and support plans. A member of staff provided assurance and encouragement whilst people followed their exercise routines, and we heard how much people valued this activity.

- The registered manager and activity worker were committed to giving people joy and fulfilment in their lives and they recognised the benefit of social integration to people's wellbeing. The dedicated activity worker told us they loved their job as 'it provided meaning and purpose and something for people to look forward to.' Intergenerational activities helped people to engage with the wider community and avoid social isolation. A group of brownies planted seeds with people at the service for the 'Aylsham in Bloom event', and mother and toddlers regularly visited the service. In addition, people from a local day centre undertook craft activities with people and there were opportunities for people to visit and spend time in a nearby community café. Some people took encouragement to go out to visits, but we heard that when they did, it gave them great pleasure and enhanced their wellbeing.

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.

- People's support plans were personalised and contained clear information for staff to meet their communication needs. Staff were able to tell us, without hesitation how to communicate effectively with people.
- Information was available for people in a range of different formats, if required.

Improving care quality in response to complaints or concerns

- People and relatives told us they were comfortable to raise a concern or complaint if they needed to and that the registered manager was very approachable. Complaints leaflets were kept at the front entrance and people were all given a copy of the complaints process and procedure. Everyone asked said they felt confident the registered manager would address any issues promptly.
- Complaints raised through the formal process were logged, investigated and appropriately responded to. Lower level concerns were identified by speaking with staff and regularly reviewing people's daily notes log. The registered manager ensured any lessons learnt from complaint investigations were used to bring about positive change.

## 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 people were safe and protected from avoidable harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Staff were highly committed to delivering high quality, person-centred care and people were unanimous in the praise for the service. A person told us "This service is excellent" and a relative said "It is a testament to the standard of care that [family member] receives that they are so happy in their flat in Green Lane View." Without exception, people, relatives and a health care professional praised the care provided by staff. One person told us, "Nothing is too much trouble for the staff here." A health care professional told us, "I can't fault the staff here, they know their residents really well and they provide really good care." A relative said, "This is paradise here."
- Staff, people and relatives recognised the positive impact of the dedicated registered manager. We heard and saw that the registered manager was approachable, visible and very involved in people's care. A person told us, "This service is very well managed." The registered manager was transparent with people if any problems occurred and kept people fully informed of any actions taken.
- The registered manager promoted a highly inclusive, respectful and caring culture of care and everyone we spoke with was extremely happy with the service they received. We repeatedly heard that people and relatives recommended Green Lane View to others.

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

- Staff felt well supported and encouraged by management. One staff member told us, "Our management provide tremendous support with work or personal issues. They always have time to talk to you and make you feel valued." Staff were offered opportunities to develop professionally and those we spoke with enjoyed their roles. There were a number of staff who had taken additional training to become a lead in a certain area of care, such as infection control or dementia. Many members of staff had worked with the registered manager for many years and there were stable and close working relationships.
- Internal governance mechanisms were robust and effective. Regular staff meetings and 'handover meetings' ensured staff were up-to-date with any changes to people's care needs. The registered and deputy managers also had a daily handover from the team leader at the start of their shift to ensure they were fully aware of current care situations.
- Various quality assurance tools were used, including regular internal and external audits, service checks and inspections, surveys, staff observations and supervisions. Monitoring mechanisms ensured that staff

undertook training as and when required or read through updated policies or procedures. There were clear areas of responsibility, lines of accountability and staff knew when and how to report specific incidents. There was oversight of incidents at management and at provider level.

- The registered manager was fully aware of their regulatory and legislative obligations.

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

- The service regularly sought the views of people and their relatives through various avenues. Annual surveys were used and people and relatives happily spoke informally on a regular basis with staff and management. People were encouraged to attend regular tenants meetings where they could suggest issues for discussion with the registered manager. There was a truly collaborative approach and the registered manager clearly ensured, as far as possible, that the staff delivered a service in line with people's wishes. People received a monthly newsletter which updated them on aspects of the service that they may wish to comment on.
- Staff told us they could make suggestions to management and that their views were listened to. They spoke of an open and friendly working culture in which they felt comfortable to speak up if they wanted to.
- The service actively engaged with community groups, developing and strengthening links with local organisations and across different sectors of society for the benefit of the people using the service. This included a local brownie group and a community organisation located nearby who visited people regularly.
- The service had enabled people to take part in a cycling challenge which was organised by Active Norfolk. This involved people pedalling on static cycling machines which were brought to the service. The event was extremely inclusive as there was a buffet and socialising between people, even if they chose not to do the cycling. Links were also established with the University of East Anglia as people were invited to participate in a research project.

Continuous learning and improving care

- The registered manager was very responsive to any comments made to them about how to improve the quality of care people received.
- The service was in the process of implementing a provider-led dementia and well-being strategy and a service-specific development plan. Both of these projects demonstrated a desire to develop and take forward aspects of service delivery.

Working in partnership with others

- The service worked very well with external professionals, such as healthcare professionals from a variety of settings, social workers and commissioners from the local authority. This promoted joined up working between those involved in a person's care, and as much as possible promoted a seamless package of care.