

Norse Care (Services) Limited

Barley Court

Inspection report

Beechcroft Road
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Norwich
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Date of inspection visit:
31 July 2019

Date of publication:
15 August 2019

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Ratings

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

Summary of findings

Overall summary

About the service

Barley Court is an extra care housing scheme that provides personal care to people living in their own homes. 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

Systems were in place to protect people from the risk of abuse and risks to their individual safety had been managed well. Staff had received adequate training and supervision to ensure people received safe, good quality care.

People's consent had been obtained in line with the relevant legislation and people were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff were kind and caring and treated people with dignity and respect. They had built up caring relationships with people and understood their individual needs and preferences well.

People received help with their eating, drinking and healthcare where this was part of their care package and they were encouraged to remain as independent as possible.

People received care to meet their individual needs and wishes and this involved at the end of their life. However, people's wishes regarding this period of their life had not routinely been assessed and we have therefore made a recommendation within the report about end of life care.

The service was managed well and there was an open culture where staff and people using the service could raise concerns or issues if they wished to. These were listened to and acted upon.

The systems in place to monitor if people received good quality care were effective at driving improvement within the service. When things had gone wrong, lessons had been learnt. For example, the provider had identified some recent concerns regarding the safe management of people's medicines and was putting processes in place to improve this area.

Rating at last inspection

The last rating for this service was Good published in (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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Barley 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. 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

One inspector, an assistant inspector and an Expert by Experience carried out this inspection. 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.

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

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at the service to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. For example, notifications the service had sent us about important events that had taken place or feedback from the public. 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 this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including two care workers, a team leader, the deputy manager, registered manager and the provider's quality assurance manager. We also received feedback from a healthcare professional.

We reviewed a range of records. This included three people's care records and five medication records. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. They sent us additional information in relation to specific incidents and staffing at 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.

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

- People told us they felt safe with the staff. One person said, "I feel safe here." A relative told us, "I feel [family member] is safe living here."
- Staff had received training in how to safeguard people from the risk of abuse. They were knowledgeable about this subject and could tell us what constituted abuse and how they would report concerns. This included reporting outside of the provider if necessary.
- Records showed that most incidents of a safeguarding nature had been reported to the relevant authorities when needed.
- Risks to people's safety had been fully assessed. This included in areas such as falls, developing pressure ulcers and not drinking enough. Staff demonstrated a good knowledge of how they helped mitigate these risks. For example, they told us how they had encouraged people to drink plenty of fluids during a recent hot weather spell.

Staffing and recruitment

- People told us staff always visited them when required although some said that on occasions, they had to wait for staff to arrive. One person told us, "I think there is enough staff." However, another person said, "Sometimes I request help and how long it takes for them to arrive varies."
- The registered manager told us they had taken steps to improve the monitoring of this area following the results of a recent survey regarding staff response times. In this survey most people had been positive, but some had indicated staff were not always available when they needed them. The registered manager told us they regularly asked people for feedback in this area.
- All the staff we spoke with told us they felt they responded to people's request for assistance in a timely manner and that there were enough of them to keep people safe and meet their needs.
- Relevant checks had been made to ensure staff were of good character and safe to work with people using the service.

Using medicines safely

- We received mixed views from people as to whether they received their medicines when they needed them. One person told us, "They give me my tablets. They come on time and there has never been any mistakes." However, another person said, "Sometimes they are late giving me my medication."
- There had been some medicine errors recently where people had not always received their medicines correctly. For example, one person had recently not received their pain medicine as prescribed. The registered manager had identified these errors and in response, they had put in place revised processes to

improve the situation. This included some staff receiving further training in medicines management.

- People were encouraged to manage their own medicines. Staff supported them to do this safely if the person wished for their involvement.
- There was clear information available to staff to guide them on how to give people their medicines safely and in line with their preferences. For example, how and when to give PRN (as and when medicines).

Preventing and controlling infection

- Staff had received training in how to control the spread of infection and demonstrated a good knowledge in this area. For example, one staff member told us how they always wore gloves and aprons when providing people with personal care.

Learning lessons when things go wrong

- Staff completed incident or accident forms when these had occurred. The registered manager had investigated and analysed each incident and put processes in place to try to reduce the risk of their reoccurrence. For example, one person had been encouraged to have a crash mat in their room to help reduce the risk of injury following some falls from their bed.
- Any lessons learnt were communicated to staff through regular staff meetings. For example, staff were aware of the recent concerns regarding the management of people's medicines and were working with the management team to improve this area.

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 care needs had been fully and holistically assessed. This included people's physical, mental, spiritual and social needs. People's individual preferences had also been considered and how they wanted to receive their care.
- The registered manager regularly reviewed people's care needs to ensure the service could meet them.
- Technology was used to improve the quality of care people received. For example, people had access to tablets, so they could keep in contact with relatives who did not live near them.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained. One person said, "They definitely know what they are doing."
- Staff told us they had received enough training to provide people with effective care. The registered manager confirmed staff training was up to date. Staff said they had access to training relating to people's specific health conditions if they wished to increase their knowledge in these areas. For example, one staff member had completed a course on Parkinson's disease, so they could advise staff on how to assist people who had this health condition.
- Staff received comprehensive induction training when they started working for the service. This included both face to face training and e-learning. New staff completed the Care Certificate which is an industry recognised qualification within health and social care.
- Staff told us they received regular supervision and confirmed their competency to provide people with safe and effective was often assessed by senior staff. The staff records we looked at confirmed this.

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

- Staff demonstrated a good knowledge of people's individual dietary requirements and likes and dislikes. Where people were at risk of not eating or drinking enough to meet their needs, the registered manager had liaised with the relevant health professionals for advice and treatment.
- Records showed staff followed health professional's advice and monitored people carefully where they were at risk of not eating or drinking enough, offering regular encouragement within these areas.

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

- People and relatives told us staff supported them with their health needs if required. A relative said, "The manager is very good. They arranged for an occupational therapist to come the other day, and that was good for [family member]." One person told us, "I caught my arm on the door and cut it badly. When staff

saw it, they arranged for a nurse to come and see me."

- Staff told us they worked with several other professionals to ensure people received the care they required. This included but was not limited to social services, GPs and district nurses. On the day of the inspection visit, a social worker was visiting one person for an assessment at the request of the service to ensure the care they were receiving was adequate for their needs.
- Records showed staff supported people with their health as required. For example, contacting the GP for a person when they became unwell or the ambulance service 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. 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.

- Staff had received training in the MCA and demonstrated a good understanding of its principles. They told us that where people found it challenging to make decisions about their care, they supported them to do so by giving them choice. For example, showing them different clothes a person could wear to help them choose for themselves.
- Information within people's care records gave staff good guidance on what decisions people were able to make for themselves and where they made need assistance, and how they should deliver this assistance.
- People who had capacity to make their own decisions had signed their care record to consent to their care. Where people lacked capacity to make this decision, only those with the relevant legal authority such as a person holding a Power of Attorney for Health and Welfare, had signed on the person's behalf.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind and caring and that they were treated with respect. One person said, "Staff treat me very well, the truth is I'm very well satisfied. I get on lovely with the staff." Another person told us, "The carers are very good, friendly, everyone is. I laugh a lot, living here has bucked up my mood." A relative said, "The carers are lovely, they are very good with my [family member] you can just tell they are caring people. They fuss over [family member], they enjoy their work, it's not just a job."
- People told us their independence was promoted. One person said, "They help me shower and encourage me to do what I can for myself." Another person told us, "They help me when I need it and let me do what I can myself. Sometimes they help wash me if I'm not feeling up to it. They are good at all that dignity stuff."
- Staff demonstrated they knew people well and respected their diversity. Staff understood people's individual needs and backgrounds and spoke of them fondly and with compassion.
- Records showed that people's life history, diversity, values and beliefs had all been captured to assist staff with building caring and meaningful relationships with people.

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

- People were able to express their views in several ways about the quality of care that was being provided. This included through the completion of an annual survey, regular reviews of their care which took place with staff and meetings that were held with other people who used the service. A relative told us, "I have a good relationship with all the staff. [Family member] has a care plan. I had a review with management earlier this year."
- Conversations with staff demonstrated they understood the importance of offering people choice and that they respected people's decisions to live their lives as they chose.
- Some people had been involved in the recruitment of new staff to the service. The registered manager considered their opinion before offering employment to new staff members.
- Relatives told us they were kept informed of any incidents or changes to their family member's health which they said, was important to them. A relative said, "They do ring if there are any problems."

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

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

- People received personalised care that met their needs and preferences. People and relatives told us they had been involved in agreeing the care that was required and how it was to be delivered. One person said, "It's brilliant, the care I get. The staff come in regularly to check if there is anything that needs doing. I ring them early every morning and they come and support me to wash and dress." Another person told us how they had a choice of whether they had a male or female staff member provide their care.
- Staff demonstrated a good awareness of social isolation and told us how they encouraged people to take part in interests and hobbies that were important to them. For example, one staff member said they encouraged a person to participate in certain sports activities such as table tennis or bowling they knew the person enjoyed.
- Some staff had received training on how to use music to aide reminiscence with people which they said had a positive impact on people's wellbeing. Links with the local community had been established for the benefit of people using the service. For example, the local brownies visited people in their homes and a local mother and baby group also attended the service and spent time with people.

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.

- People's care records showed their individual communication needs had been fully assessed. Staff told us how they communicated with some people who had such needs. For example, one staff member told us how a person wrote down their requirements for staff as they had reduced verbal communication.
- The registered manager told us that information was available to people in other formats if required such as large print or Braille.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. They told us they felt comfortable doing this, were listened to and positive changes occurred in response to any concerns they had raised. A relative said, "I go to them if I have any complaints, they do listen to you and normally act on what you say." Another relative said, "I had to complain about a couple of carers and they dealt with it very well."
- Records showed that any complaints received had been thoroughly investigated and actions taken as appropriate.

End of life care and support

- No one was receiving end of life care at the time of our inspection. The registered manager told us they respected people's wishes at this time and worked with several different professionals to ensure a comfortable death. They said the service would be commencing accredited training in end of life care in September 2019.
- Not all aspects of people's end of life care had been assessed. The registered manager told us they discussed this topic 'as and when' it came up in conversation. This increased the risk that people may not receive the care they would like should their health deteriorate rapidly.

We recommend the provider reviews appropriate guidance regarding seeking people's end of life 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 now 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; 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 promoted a culture that put people using the service first. The majority of people and relatives we spoke with were happy with the quality of care that was provided. One person said, "I am pleased with the running of the place." A relative told us, "I know [family member] is in good hands and happy. It is all you ask for really."
- Staff told us they found the registered manager approachable and open with them. They said their morale was good, they enjoyed their work, felt valued and were very well supported in their job.
- The registered manager showed openness and transparency and involved people and/or relatives when things had gone wrong in line with the duty of candour. For example, a recent incident had taken place where a person had experienced an injury. An investigation had taken place and the person and relatives had been fully involved in this process.

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

- The registered manager and staff were clear about their individual roles and responsibilities. Most incidents had been reported to CQC as required however, one where the service had reported an incident to the police had not been. The registered manager acknowledged this oversight.
- There was a robust governance process in place to monitor and improve the quality of care people received. This included regular audits of various areas such as people's care records, staffing levels and staff training. Regular analysis of incidents or accidents had taken place to identify patterns and learn lessons. For example, the analysis of recent medicine incidents had resulted in a change of practice to try to prevent them from re-occurring.
- The provider had good oversight of the service to ensure people received good quality care. The registered manager regularly met managers of the providers other services to share best practice.
- The provider actively encouraged staff to develop within their services and supported them through their 'emerging talent' programme. Several staff we spoke with told us they had benefited from this programme and gained internal promotions which had improved their knowledge, confidence and wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were regularly asked for their opinion regarding the running of the service and their suggestions

implemented. For example, some people had fed back they wanted to develop areas to support their individual hobbies and interests and these had been implemented.

- Regular meetings were held with staff where they could comment on the quality of care provided and how this could be improved. Staff told us certain information such as any patterns found from complaints or incidents were shared with them at this time. This was so they could change their practice to improve the care people received.

- The registered manager and staff worked well with other healthcare professionals to ensure people received good quality care and that they received an appropriate service. This included the local authority who commissioned the service and health and social care professionals.