

Norse Care (Services) Limited

Benjamin Court

Inspection report

HWC - Day Centre
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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:

- Benjamin Court is a Housing with Care scheme with 30 flats. Personal care and support is provided to tenants who live in their own flats under a tenancy agreement with a housing association.
- At the time of inspection, 28 people were receiving personal care and support at Benjamin Court.

For more details, please see the full report which is on the CQC website www.cqc.org.uk

People's experience of using this service:

- People received individualised care from exceptionally caring and dedicated staff
- Staff took time to really get to know people and responded well to their care needs. Where possible, people's preferences were met and they were encouraged to maintain their independence.
- Staff managed potential risks to people's safety well
- Staff were recruited and trained effectively to ensure people's health and wellbeing was promoted
- The service was well led and governance systems were robust.
- People and relatives praised the staff who they said were friendly, attentive and supportive.

Rating at last inspection:

- At the last inspection the service was rated Good. The report for this inspection was published on 2 July 2016.

Why we inspected:

- This was a planned inspection to check that this service remained Good.

Follow up:

- Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Benjamin 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:

- Our inspection was carried out by one inspector

Service and service type:

- This service provides care and support to people living in specialist housing. Housing with Care is purpose-built or adapted single household accommodation in a shared 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 housing with care; 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:

- The inspection was unannounced

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with six people who used the service and heard from two relatives.
- We spoke with the registered manager, deputy manager, a team leader and three care support workers.

- We reviewed four people's care records, four people's medical records, three staff personnel files, audits and other records about the management of the service.

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 and relatives we spoke with all said they felt safe
- Policies in relation to safeguarding and whistleblowing were in place. Staff received regular training in this area and understood when and how to raise safeguarding concerns.
- Information about how to report safeguarding issues was available to staff.
- No safeguarding referrals had been made in the past 12 months.

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

- Potential risks to people's health, safety and wellbeing continued to be assessed and there was clear information for staff so they could support people to remain safe. Staff knew people's needs well and were able to explain the action they would take to reduce the likelihood of harm occurring. For example, one member of staff said "We refer to the care plans when we're doing moving and handling for [person], so we know which colour sling to use."
- An incident record form, detailing any accident or incident was kept in people's care files. The registered manager investigated each incident and identified if things could be done differently in future to avoid the problem re-occurring. This demonstrated that the service learnt and continuously took action to keep people safe from avoidable harm. We saw that people's risk assessments and care plans were promptly updated if an incident suggested there was a need for their support to be changed.
- Any falls were routinely recorded and discussed by staff. This meant they could quickly identify whether any changes to a person's care plan was needed.
- The registered manager had oversight of accidents and falls and reported these on a regular basis to the provider. This enabled them to identify any trends or patterns.
- Clear Personal Emergency Evacuation Plans were held centrally by the registered manager.

Staffing and recruitment

- Staffing levels ensured people's needs were met. People received their care visits as and when expected.
- The registered manager reviewed the dependency levels of people using the service on a daily basis. Permanent staff or bank staff provided extra hours of care, if needed.
- Safe recruitment processes were followed and new members of staff followed a thorough induction process. This ensured that people were cared for by suitable individuals.

Using medicines safely

- Medicines continued to be managed safely.
- Staff who administered medicines demonstrated their competence through annual assessments.
- Medicines were stored securely and medicine administration records (MAR)'s demonstrated that people

received their medicines correctly.

- ☐ A senior member of care staff checked people's MARs daily and completed a medicine audit on a monthly basis.
- ☐ People had a separate medicines folder which contained clear, up-to-date information and risk assessments.
- ☐ There were clear processes for ordering and monitoring stock levels.
- ☐ Medicines which were deemed to be 'high-risk' were administered safely.
- ☐ There were very clear records relating to the administration of medicines which could be taken at variable doses and 'when required'. Staff sought to minimise the reliance on these medicines where possible.

Preventing and controlling infection

- ☐ Staff used protective equipment, such as gloves and aprons, to reduce the risk of the spread of infection. They received regular training on infection control and food hygiene.
- ☐ Staff supported people to ensure they did not keep out of date food or leave their food plates unwashed. People's rooms were clean.

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

- ☐ Assessments took place to ensure the service was suitable for the person. Staff assessed in detail people's health, care and emotional needs and this information formed the basis of care plans.
- ☐ Staff encouraged people's involvement in decisions about their care and support.
- ☐ They provided care in a way that was tailored to the individual.

Staff support: induction, training, skills and experience

- ☐ People and relatives we spoke with were happy that staff were competent.
- ☐ People were supported by staff who had benefitted from a thorough induction in their role. New staff were supported to undertake the Care Certificate, which is a set of standards that a care worker should be working to. They shadowed other carers and were observed over a six month period.
- ☐ The provider's online training system ensured that every member of staff remained up to date with their training. The programme of online training was accompanied by classroom training. Team Leaders undertook work-based observations of care support workers on an annual basis and spot checks occurred daily. Additional specialist training was organised when needed. For example, a district nurse trained Team Leaders how to safely administer insulin and assessed their competence annually.
- ☐ Team Leaders took a lead in different aspects of care delivery, for example there were leads for moving and handling, dementia and infection control. Their role involved providing advice and support to colleagues.
- ☐ Staff told us they regularly undertook training.
- ☐ Staff told us they received supervisions and appraisals. The 'Personal Attributes Scheme' encouraged managers to praise staff for positive achievements and staff spoke positively about the support they received from management.

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

- ☐ Where needed, staff provided support and encouragement to people so that they maintained a healthy weight and stayed hydrated. For example, one member of staff left small cakes out for a person with poor appetite, to encourage them to eat more. Another person needed to increase their fluid intake and staff knew to offer them a drink during every care visit. They also ensured the person ate immediately after taking a certain medicine, as required.

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 confirmed that staff supported people to access healthcare professionals when

needed. A person told us, "If you need a doctor, they will help you see the doctor and nurse."

- Staff worked effectively with the local GP surgery and Single Point Referral unit to promote people's wellbeing. It was evident that a range of health care professionals and GPs were involved in people's care.

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.
- Staff continued to have a good understanding of this piece of legislation. People were encouraged to make decisions for themselves and there was a strong emphasis on involving people and enabling them to make choices wherever possible. One care support worker told us, "I always ask and let [people] give me the option they want, whether they are ready for their breakfast, what they would like to eat or drink. I never make them feel rushed or pressured, I always give them a choice."
- We saw that people had signed to say they read, understood and consented to their risk assessments and care plans.
- Staff told us they knew people well so could quickly identify when people's capacity might be deteriorating. If this was the case, they arranged for a person to have a memory test and other assessments undertaken by an appropriate medical professional.

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; equality and diversity

- ☐ Staff showed a very caring attitude towards people. They were, without exception, committed to providing a respectful, compassionate and empowering service which clearly promoted people's wellbeing.
- ☐ People we spoke with were full of praise for the staff. One person told us, "It's lovely here, the staff are so good. They are so patient with us." Another person said, "They don't rush me, they don't put pressure on you at all. I'm very happy here. This is the next best thing to home." A third person told us, "They come and see me twice a day my carers, they are marvellous. They'll do anything I ask them to". A fourth person said, "We have wonderful staff, if I was upset about something I'm quite sure that one or more of them would come and sit with me." A relative wrote to the service, saying, "As my [family member] always said, 'you saved their life' when you offered them a home. They were eternally grateful for all the loving care and kindness they received from your wonderful staff."
- ☐ Relatives spoke of the kindness, love and outstanding professional care shown by the staff. One relative told us, "They take time to go in and sit and chat with [relative] when they are awake. They are kind and they all have a great sense of humour which is greatly appreciated by both my [relative] and the family."
- ☐ Another relative told us "The environment and atmosphere is warm and welcoming. Everyone gets to know everybody. It's like a family." They went on to say, "[Family member] likes to splash the staff with water when they have a shower but the staff don't mind. They go along because it's [family member]'s way of dealing with the fact they are having some help. The staff understand. They don't make a fuss or anything. Any conversations with [family member] are with a smile. You feel a warmth."
- ☐ The registered manager and deputy manager led by example and demonstrated a truly person-centred approach. For example, when a person became unable to leave their bed they discussed with them the living space in their home. The managers re-arranged the furniture in the person's flat so that their lounge became their bedroom. Using a larger room as their bedroom meant they could benefit from more natural light and space. This enhanced their living environment and quality of life. The efforts taken to support the person were recognised by their relative, who told us, "The staff at Benjamin court are very dedicated to caring for my [family member]."
- ☐ The registered manager also took action to ensure a person was able to continue living in their flat whilst receiving healthcare. The person moved in to the accommodation with their relative many years ago. Up until recently they did not have significant healthcare needs themselves. However, the person was recently informed that funding for their own healthcare would not continue unless they moved to a different service. The registered manager told us they were determined to ensure this decision was reversed. With the agreement of the person's family, they took action and their efforts were ultimately successful. They told us, "It's made [person]'s life, staying here."
- ☐ Care staff referred to people with real care and compassion and it was clear they built trusting and warm relationships. We observed that staff exuded warmth, patience and friendliness in their interactions with

people. People were relaxed and at ease in their company. One person told us "I have no regrets about coming here at all". Another person happily told us, "We love [registered manager]"

- We heard how staff went 'the extra mile' to make people feel special and part of a 'family'. This included marking special occasions in a very personal way and ensuring people felt involved and valued. We saw photographs of people enjoying notable events and a monthly newsletter which gave a real sense of inclusivity. People and staff contributed articles, poems and photographs to the newsletter and shared experiences were celebrated.
- Staff told us how they spent time getting to know people so they could provide very personalised support. For example, one care support worker told us how one person liked to go to bed with their pyjamas buttoned up a certain way. Another member of staff explained how knowing a person well enabled them to quickly identify a deterioration in their health. Staff quickly increased their monitoring of this person and provided extra reassurance and support until a medical assessment was undertaken.
- Care support staff used detailed handover sheets, which supported continuity of care. Team leaders were assigned a certain number of care plans to oversee for a period of time. They changed care plans regularly to ensure they were very familiar with everybody's care needs.

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

- Care records showed, and people confirmed, that they were supported to be involved in decisions about their care and were given choices. This was also evident from conversations we had with staff, people and relatives.
- One support care worker said "Asking the person themselves is for me the easiest way to understand their needs. How they like their drinks made, how many sugars, how they like their cleaning, what time they like to get up, whether they would like a breakfast before shower. I ask them as we're here to promote independence."
- A relative explained how, together with staff, they had found a way to effectively support their family member. They told us, "[Family member] has some capacity. But they can't manage money or lifestyles. Together with the staff, we sat down and worked together how we would manage things."

Respecting and promoting people's privacy, dignity and independence

- We saw and heard examples of staff promoting people's dignity and respecting their right to privacy.
- A team leader noticed that a person could potentially overhear our conversation about another individual's care needs. The staff member promptly and politely managed the situation. In doing so, they demonstrated a clear understanding of the need to ensure people's personal information was kept confidential.
- We heard from another member of staff about how they actively promoted a person's dignity. They described a conversation when the person had told them of their concerns around their continence, about a long distance journey on public transport. The member of staff explained how they had supported this person to manage their concerns so they could travel in comfort. The staff member told us, "They then felt a lot more secure and less anxious and when they came back, they told me that it worked brilliantly."
- Relatives explained how staff preserved people's dignity properly when providing personal care.
- Without exception, people and relatives told us staff promoted their independence.
- A person told us, "If I need to, [staff] let me do as much as I can. I sometimes go down to the restaurant and sometimes I do my own ready meals. I do go outside the flat. That's what I like about this place, you can go out and about."
- A relative told us, "No-one has ever hindered [family member] from smoking - that is their interest. They let them go out at night. They give them the code but [family member] sometimes forgets it. The staff don't mind if [family member] rings, they never mind, they just let [family member] back in again."
- The registered manager told us how one person was supported to remain independent, "[Person] self-

administers their medicine but we check that the amount is correct - we don't want to take that away from them, we encourage [person] to do what they can."

- A member of staff told us, "We try to encourage people to make their own decisions even if we wouldn't, as long as its safe."

Is the service responsive?

Our findings

Responsive – this means that services 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

- ☐ Staff provided highly individualised care which corresponded with the wishes and needs of people. We heard examples of people achieving positive outcomes thanks to the effective measures taken by staff to support their needs. One relative told us, "[person] is a bit allergic to water and washing. The staff are really good with them though, they encourage them. [Person] has come to accept it now and is washing more frequently after encouragement from the staff. [Person] is now able to happily tell me they've had a shower."
- ☐ A member of staff explained how they encouraged another person to wash themselves. They offered a bath at a different times of day and asked the person to choose the bubble bath and temperature of the water. The member of staff also changed the person's bedlinen and laid out clean clothes to further promote the idea of feeling clean. The member of staff said the person told them that they had really enjoyed the bath and that it had "set them up for the day."
- ☐ In a recent survey, staff were praised. One person's relative commented "Marvellous place, with wonderful staff. Have never seen my [family member] look so well and happy for years."
- ☐ Care records showed that people's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender.
- ☐ People's risk assessments and care plans were promptly updated and regularly reviewed to ensure they met people's current needs. Records showed that staff worked with various health care professionals to ensure people remained safe and comfortable, for example, occupational therapists had been involved in the provision of recliner chairs, profile beds and pressure mats.
- ☐ We heard how the staff facilitated people's lifestyle preferences. One person told us, "I asked if I can get up at different times and they have said that's ok. They've fitted in with me about when I get up and go to bed."
- ☐ A member of staff said, "One person wanted to show me how to make a milky coffee. I took it on board. If that's how they wanted it, that's how they will have it."
- ☐ People's emotional wellbeing was supported by the wide range of activities on offer. These included outings, activities such as baking and gardening, and visits from local school children and pet therapy charities. Two people told us how much they enjoyed the time spent with puppies and mini donkeys. One of the people was encouraged to organise and lead on a number of activities themselves. This was something they enjoyed and gave them a sense of purpose. The service installed two technological devices in communal areas so people could interact with it to listen to music or the news, for example.
- ☐ A member of staff demonstrated considerable commitment by producing a 26 page newsletter every month. People contributed their own articles and the newsletter also contained pieces of local interest, quizzes and articles about activities undertaken. The service produced a weekly magazine as well. This encouraged people to reminisce as it contained information and photographs from the past.

Improving care quality in response to complaints or concerns

- There were systems and procedures in place to manage complaints. People and relatives told us that they had no reason to complain and matters were always dealt with when they made suggestions or had discussions about any concerns with the registered manager or other staff.
- People said they felt comfortable to talk with staff about anything or raise any concerns if they had any.
- No complaints had been received relating to the provision of personal care and support.

End of life care and support

- A person's care records stated that they would want their relatives to know and, if possible, be with them with they passed away. The service had clearly acted on their wishes. The person's relative told us, "[Family member] has always stated that they do not want to be resuscitated and this is in their records at Benjamin Court. Staff are aware that I would like to be with [Family member] at the end of their life and on one occasion when I was abroad, they rang to let me know that the paramedics thought [Family member] would not last the night. I was able to speak to my [family member]. This act of concern from the staff gave me great comfort."
- The deputy manager told us how they had cared for the person who, for several years, had been identified as being at end of life. They had specific charts in place for monitoring fluid intake, outputs, weight, repositioning and skin integrity. The person's relative confirmed that staff regularly supported the person to change position and were very attentive to their needs. They added, "Staff will take extra time to feed, sit and talk with them." Staff told us that the person had not experienced any pressure areas despite being unable to leave their bed for many years.
- Care records contained advanced care decisions which had been completed with the person. These included any spiritual or religious preferences and funeral wishes.
- Staff received mandatory end of life care training. A staff member explained to us clearly what good end of life care and support looked like.

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

- ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ Management led from the top and promoted dedicated, personalised care. The registered manager undertook care shifts themselves. They also always shadowed new members of staff. People told us the registered manager was very approachable and visible. We saw informal and caring interactions between people and the management team.
- ☐ Staff felt they could speak with the managers openly and that they provided support and understanding. A member of staff told us, "I think we meet the people's needs and requirements to a high standard. We work well as a team. No one is made to feel any higher or lower than anyone else. I can't fault the management at all. It's all so friendly. They have been so supportive in the past. They have been so supportive. You can speak to them so easily."
- ☐ The registered manager spoke positively about the support received from the provider. They had supported the registered manager to work collaboratively with the deputy manager. The provider made reasonable adjustments and supported staff to undertake their roles regardless of disability.

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

- ☐ The managers worked very well together. They had an excellent understanding, borne out of working together for many years.
- ☐ There were robust governance systems in place. We viewed audits of medication records, accidents and injuries and notifications. Where any issues had been identified, these were followed up on.
- ☐ Risk assessments were carried out frequently and we saw records which demonstrated clearly how identified risks were mitigated.
- ☐ The registered manager understood their regulatory and legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ; Continuous learning and improving care

- ☐ People and relatives were able to feed back their views on the service. An annual survey was sent to relatives and people were able to feedback their views through surveys and meetings. People organised their own 'tenants meeting' and invited the registered manager to them.
- ☐ The registered manager acted on feedback from people
- ☐ The managers demonstrated reflective thinking and a desire for continuous improvement. The deputy manager told us, "We always try to improve, if you're not always trying to achieve, you can very easily become complacent." The registered manager reflected on the difficulties they had experienced in

supporting a person with very specific support needs. They said should they receive a similar referral again, they would stipulate that greater involvement from a social worker would be required.

Working in partnership with others

- The service worked well with the on-site re-enablement clinic, local health care agencies and the local authority.
- In addition, the service collaborated with local schools and churches to facilitate community-based activities. A letter received from the teacher at one of the schools commented positively on their joint-working.