

Norse Care (Services) Limited

Linden Court

Inspection report

Church Walk
Watton
Norfolk
IP25 6ET

Tel: 01953881753

Date of inspection visit:
02 October 2019

Date of publication:
26 November 2019

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

Linden Court is a residential care home providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. The service can support up to 50 people. The service provided accommodation on ground floor and first floor accommodation and had generous grounds and internal communal space. The service provided residential care, and nursing care was provided by the district nursing services. Some people were living with dementia.

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

The service was well managed, and people were supported to continue to access the community and have support and care around their individual needs and interests. The service employed staff in line with people's needs and this was kept under review. Staff supported people, but this was a limited resource particularly in terms of activity hours which meant people said they could not always go out safely when they wanted to. We have made a recommendation about this.

Staff were open, accountable, and ensured people were put first. A positive culture meant people and staff were valued and respected increasing their well-being and taking full account of their human rights. The registered manager had experience and confidence. They trusted their staff to make decisions and to be accountable for the care they delivered.

People were involved and consulted, and the service continuously developed to be the best it could be.

Staff were kind and compassionate and management effectively supported their staff team and empowered them to develop personally and professionally. There were robust systems in place in terms of staff recruitment, training and support which helped them to retain staff.

Risks to people were effectively managed. People lived in an environment which was conducive to their well-being and supported their independence.

Staff were mindful of people's needs and supported them to stay well and healthy. People were able to access the health services they needed. Exercise programmes helped reduce risks to people of developing pressure ulcers and improved people's mobility and dexterity. People received their medicines as required.

People living with dementia or other cognitive impairment were well supported because staff received training and the organisation had clear policies in line with providing good dementia care.

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.

The last rating for this service was Good. The last report was published (23/03/2017.)

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Linden 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

The inspection was carried out by an inspector and an assistant inspector. An Expert by Experience also supported us. 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

Linden Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the inspection

Before the inspection we reviewed all the information we already held for this service. This included previous inspection reports, notifications which are important events the service are required to tell us about, and any feedback received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eleven people who used the service and five relatives about their experience of the care provided. We spoke with four care staff and the company's regional manager, the medication lead, the registered manager, the deputy manager, the activities coordinator, the cook, and the team leader,

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one staff file 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 continued to seek clarification from the provider to validate evidence found. We also spoke with three health care professionals.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected as far as reasonably possible from risk. Staff received regular training in adult protection and had a good understanding of the issues and actions they should take if they suspected a person to be at risk of abuse. Staff were confident that if they reported anything this would be taken seriously and acted upon.
- Staff told us information was accessible and there were clear policies and procedures relating to safeguarding concerns and whistleblowing procedures. This information was accessible to people using the service and their visitors and there was an open culture in the service.

Assessing risk, safety monitoring and management

- People told us they felt safe at the service and trusted staff to provide them with the care they needed. People's records included identified risk and how these should be managed. These were kept under regular review and took into account changing or unmet need.
- The service was well organised to help ensure risks were identified and managed in a timely way. Staff understood their responsibilities and received health and safety training.
- Equipment was regularly serviced and there were clear policies and procedures in place for dealing with emergencies: such as fire and missing persons. The registered manager told us how a person had managed to set fire to something in their room. This was managed quickly and efficiently by staff and the service had been praised for its quick actions. Staff actions and response times to emergency was monitored.
- The service was supported by nursing services where a person had a nursing need, but care staff received some training on health care conditions, so they knew what they were doing and could recognise a change in a condition.
- The environment was observed to be safe with hazardous materials locked away and we noted the medicines trolleys were secured and locked when not in use.

Staffing and recruitment

- Staffing levels were assessed according to numbers of people using the service and their needs. Staff shift patterns had been recently changed to accommodate busier times of the day. Care staff did shorter shifts and team leaders worked across the day, so they could help ensure continuity of care for people.
- We received mixed feedback about staffing. Staff generally felt staffing levels were about right. A staff member told us, "yes enough staff, the ratio is about right. Every day staffing levels are roughly the same. Some residents take a little bit longer than others and we are able to give them that extra time that they want."
- A health care professional told us they had observed people sitting for long periods of time without

activity. This feedback matched our observation on the day of inspection. Staff told us they asked people what they wanted to do but we observed some people sleeping throughout the morning and others sat at the dining room table for long periods of time without interaction.

- People told us mostly there were enough staff, one said, "I rang my bell this morning as I got in a muddle getting up. Sometimes they can be very quick, sometimes not." Another said, "The only thing I might complain about is the length of time they take to come to you sometimes... They may take a long time they may take less, but the willingness in the staff is there."
- We observed staff working as part of a team and found some areas of care were extremely efficient. For example, management oversight was robust. Domestic staff worked effectively, and the service was spotless.
- Activity hours were scheduled with activities taking place most days. There was an activity planner which took into account what people wanted to do and this was regularly discussed with them and evaluated to ensure activities helped enhance people's physical and mental wellbeing.
- Allocated activity hours were under review. Not everyone spoken with felt there was always enough to do with people expressing frustration that they could not go out safely without a member of staff, but they did acknowledge staff took people out and encouraged them to access community facilities.
- Some people told us evenings could be problematic and at night there were three staff on duty. The registered manager told us they audited call bell response times and carried out regular night audits by a designated night audit team which would highlight any concern about staffing levels.

We recommend staffing levels are increased in line with people's expectations and needs. At the time of the inspection the registered manager acknowledged activity hours were insufficient.

- Recruitment practices continued to be robust and standard checks were carried out to ensure the person was of good character and did not have any convictions which might make them unsuitable to work in care. New staff were well supported and there was a clear induction framework.

Using medicines safely

- There were systems in place to help ensure medicines were given safely and staff received the necessary training to undertake this competently.
- We reviewed a few medicines and found the numbers of tablets matched the stock record. The team leader was very knowledgeable and efficient. The medicines rooms were well organised and there was clear guidance about what medicines people were taking, what it was for and how it should be administered in line with people's preferences.
- Staff were clear that their approach to medicine administration was person centred and administered in line with the prescriber's instruction but also the persons preferences. For example, they were not waking people up unnecessarily to give medicines.
- Regular audits helped to determine there was enough stock, and medicines had been given as required. There was robust oversight of the homes audit system by the company's medication lead.
- The service had robust processes to assess and support people if they wished to continue to take their own medicines particularly if they were at the service to rehabilitate before moving back home or to another care setting.

Preventing and controlling infection

- The service had a team of domestic staff who helped to ensure a clean, uncluttered environment was maintained and the risk of cross infection was reduced.
- Staff received training in infection control and were observed to have good hygiene practices.

Learning lessons when things go wrong

- As an organisation there were robust audits and review mechanisms to establish strong safety procedures and contingency plans. Where things went wrong the registered managers actions and the actions of staff were reviewed and a plan put in place to address any shortfalls which were supportive rather than punitive. There were regular opportunities for staff and managers to meet and prioritise risk and service development.

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.

Staff support: induction, training, skills and experience

- Staff received training in line with their individual needs and their job role. All staff completed what is considered mandatory training for adult social care as defined by skills for care which supports the care sector and determines what essential skills staff need. It provides training, resources and guidance.
- A relative commented, "The staff seem competent enough." Another said, "I should hope they know what they are doing, they get good training." A staff member told us, "Very good training, very informative and if you're unsure you can take as long you need to feel confident about training and have extra if you need it."
- Staff received regular supervision and appraisal of their performance. One staff member told us, "We receive supervisions and appraisals every year and we get work-based observations also every year. I find it helpful it gives you a chance to talk about any issues you might be having, personal and work related. Managers are supportive." This was supported by records we reviewed.
- Staff induction was robust and new staff shadowed on a variety of shifts until they felt confident to work independently. Staff then completed a formal induction covering all the core subjects relevant to their job role. We spoke with several new staff who felt their induction was robust and met their needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Pre-admission assessments were completed and feedback from other professionals was sought to help the service make a judgement about how they could best meet someone's needs.
- The service had up to date policies which reflected best practice and acted on guidance.
- Dementia training was delivered in line with best practice guidelines. Staff could and had accessed intensive dementia training 'dementia excellence.' This helped care staff step into the 'shoes of someone else' and influence how they cared and supported people. Following training staff were required to make a pledge about action they would take to improve the lives of those living with dementia.
- The service had champions for key areas of practice such as medicines. Staff in these roles had oversight of the area of practice identified. There were two dementia leads, who supported and coached staff to ensure consistent practice in line with best practice and dementia guidelines.

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

- People were supported to eat and drink enough in line with their individual needs. One person said, "Food is good, there is plenty of it and it's cooked well. There is a bit of a choice, they do some good fish meals." Another said, "The food is nice, it's edible, lots of choice and they vary it."
- We observed people having a positive dining experience and staff encouraged people to join in and have the company of others. The registered manager told us meal times were always discussed at the 'resident matter meetings', and meal times were flexible to help ensure people ate when they wanted and in line with

their normal routines.

- Kitchen staff were observed interacting with people about their food preferences and asking how people were. There was also a hot drinks machine which could be accessed by people and their visitors.
- The service completed regular dining room audits which focused on people's experiences to help ensure it was a meaningful experience and focused on people's wellbeing.
- Food and fluid charts were kept in line with individual risks when people were unintentionally losing weight or were poorly. Actions including weighing people more often and taking regular supplements and snacks.

Staff working with other agencies to provide consistent, effective, timely care

- The service was supported mostly by one GP practice in the town which had a number of doctors and a nurse practitioner. The registered manager told us they had established quarterly network meeting with the local surgery and other care home managers from the area, which had been very positive and had strengthened relationships.
- Personal risk assessments were in place where people had been identified at risk of choking and where there had been input from dieticians or speech and language, this information was shared with staff and kitchen staff, so all were aware of the risks.

Adapting service, design, decoration to meet people's needs

- The service was in its own private grounds accessible by a long tree lined drive. Accommodation was spacious with generous communal and individual space. The corridors and lounges were different colours, each having a different theme and colour to support those people living with dementia and help them distinguish different areas of the home.
- Bedrooms were personalised and spacious, with the person's name or something on their door which was personal to them such as a favourite photograph.
- The service had a large entrance hall which was close to the registered managers office and the administrator's office, people gathered here in comfortable chairs and sat chatting and could see people coming in and out. In addition, a pet dog belonging to the home was making itself comfortable on the chair.

Supporting people to live healthier lives, access healthcare services and support.

- The service supported people to live healthier lives and access the services they needed. One relative said, "I asked for speech therapy, physio, lots of assessments, and they got them all done."
- The service did not have anyone with a pressure ulcer acquired at the service and attributed this to good care and keeping people active. Two staff members had completed training for chair-based exercises and were now qualified to deliver these sessions to people using the service. 'The silver groovy movers,' as named by people using the service attended two exercise groups a week.
- The registered manager said these classes had improved people's well-being and mobility. They told us one person could only transfer into a wheelchair with their frame but was now walking 25 metres. They said the number of falls had decreased which was illustrated on the monthly fall's reports.
- A person had been supported to learn to swim, they had been in very frail health, so this was a very big undertaking.
- People had oral health assessments and a clear policy was in place. Staff were instructed to care for people's teeth and gums and look after false teeth. Guidance was in line with National Institute clinical excellence, (NICE.)

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service reviewed people's capacity and provided a service in line with people's needs, preferences and wishes. One person told us, "I have lots of choices here. You can go into reception and ask for anything you might need. As long as you tell the staff what you are doing so they are aware, you have complete freedom."
- Risk assessments were in place and considered all aspects of people's care including detail about whether people had capacity and whether the risks had been discussed with them. Documentation reviewed included what was in place to reduce the risk. Best interest decisions were recorded as appropriate.
- People's consent was recorded, and people signed their documentation to show their involvement. People also gave permission for others to consent on their behalf. The service held details of those who had power of attorney and if this was for care and welfare.
- People were not detained and were free to leave as they chose. One person had a Deprivation of liberty safeguard applied for but everyone else was supported to go out independently or with staff.

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.

Good: 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.

- The service provided person centred care and supported staff to develop their professionalism and adhere to a caring ethos. People told us staff were caring, one said, "We have a good lot here; they help you and do what they can for you. I've arranged with the manager that I can use the phone here for 20 minutes and chat with my sister. Staff are always smiling." Another said, "The carers are really good. You have to keep trying and they encourage that."

We observed care staff and their interactions with people which were caring. For example, one person got upset and said, "I don't know where I am." The carer gave them a cuddle and reassured them they were safe. Another carer was dancing to the music making a person smile and discussing the dancing they had at the service earlier that week.

- Staff gave us positive feedback about working at the service. One said, "We treat everyone as individuals, it's personalised and we're a good team. We work well as a team to help people. Learning their favourite foods by spending time with them. ... Like to see them all as my family."

- Nurse care had an equality and diversity policy and this was covered as part of staff training to help ensure all staff were upholding the values of the organisation and acting lawfully in terms of people's human rights.

- The service had a clear policy about transgender and it set out its values, principles and practices underpinning the organisation's approach to service users who identify themselves as transgendered. It also defined sexuality and relationships, so staff were clear how to support people with their relationships or when to treat it as a safeguarding when a person lacked mental capacity and needed protection in certain situations.

- People's cultural needs were recorded but most people identified as white, British with English as their first language. People had opportunity to follow their religion and services were held within the service and a few people went to church.

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

- People were involved in their care and decisions about how the service should be managed. One person, said, "The staff here are brilliant, the way they treat everybody, encouraging, you never hear any harsh words. They make sure that my legs are washed and creamed as I can get ulcers. Then I get myself up."

- People could influence the care they wanted. For example, a person had been ill and living with a debilitating illness. They had previously been sporty but had never learnt to swim. This was their wish, this was facilitated by the service who supported them to access a pool and learn to swim. They achieved their

wish and managed to swim a whole length.

- The service had introduced individualised placemats, which indicated the menu for the day and facilitated discussion between people. People were given choices in their routines reflecting their preferences including being shown plated options and having flexible sittings.

Respecting and promoting people's privacy, dignity and independence

- The service upheld people's dignity and had a number of innovative ways in which they respected people's dignity. For example, people had their own designated laundry times. This meant people's laundry was not pooled, people's clothes did not need to be labelled and did not get lost or ruined in the process of being laundered.

- People were encouraged to do their own laundry if they wished and there were facilities to do this. People were encouraged to have their own bedding, towels, sheets etc

- We observed staff supporting people with their care needs, for example serving meals to people and supporting them with their manual handling needs. Staff were polite and respectful and explained what they were doing and asking people if they were happy for them to assist.

- Details in people's care plans gave an overview of what people could do for themselves and what they needed help with. There was more specific information such as reminding staff to remember to offer perfume/makeup/jewellery where it was a person's preference.

- Observation at lunch time were positive and facilitated people's independent. Some people had plates guards. Some had different coloured plates which helped people with sensory needs identify their food. Adapted cutlery was provided and food cut up into a manageable size or liquidised if necessary.

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 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.

- The service was organised around people's preferences and care was delivered in line with people's care plans. These included an assessment of need and a care plan for each area of support identified. These were regularly reviewed and helped ensure people's needs were known by staff and changes in need addressed.
- One person told us, "I do what I want, pretty much, getting up, going to bed, it's pretty much when I feel like it." Another said, "I have lots of choices here. You can go into reception and ask for anything you might need. As long as you tell the staff what you are doing so they are aware, you have complete freedom."
- Care plans included evidence that people had been consulted about their care. One person told us, "I do have a care plan. I was involved in it. They respect the fact that I was a professional and they take notice of what I say and feel. They don't treat me like an idiot here, I feel involved in my care." A relative told us, "Yeah, she has a care plan, it's in her room, I have a peek sometimes."
- Staff told us how people were involved in their reviews and how actions were taken as a result of people's feedback, for example one person had said they wanted a 'hot pot.' This was discussed and provided by the kitchen.

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 communication and sensory needs were recorded and in particular if people needed glasses or hearing aids this detail was included in their care plan.
- We observed staff interaction to be appropriate in the way they offered people choices and took time to communicate clearly and at eye level.
- Staff told us they knew how people communicated and said some people used a communication book or could point and use hand gestures. Memory boxes helped people to convey feelings and the service had a choir which helped people communicate emotions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The service did all this well, but staff told us at times they felt stretched to meet people's individual wishes in relation to activity given the diversity and frailty of people coming into care.
- People told us there were different activities planned across the week and something they could enjoy. One person said "I eat, sleep, watch telly. I would like to go to the carpet bowls in the village hall, but there

has to be someone to take me. We do get entertainers and they are very good. I don't like bingo. They take us to a garden centre and such like." Several relatives told us they didn't think people got out enough without relying on visitors/volunteers supporting the service.

- The service identified and tried to meet people's needs in relation to their preferences, interests and hobbies. A staff member had been employed as an activities coordinator and worked 21 hours a week and some hours at the weekend when they worked as a carer. On the day of inspection, they were off duty but came into speak with us. Although activities were planned across the week we found on the day of inspection there was very little taking place for people and saw people sitting for long periods of time.
- The service had interactive art work and memory boxes they used to help stimulate people's memory and tried to support people to be creative and continue to do things they would have done at home such as gardening, cooking and painting.
- For such a large home we concluded that the activity hours were not sufficient and had an impact on people's opportunity. We discussed this with the registered manager who told us there was lots of community engagement and people were supported to access the community: go to church, a community bowls club and where they expressed a goal or dream were supported to achieve it. The service had a hairdresser visit twice a week and some people were having their nails done.
- The registered manager told us they would be increasing activity hours and had just enrolled their first volunteer. They also said they regularly asked for feedback about activities and what people wanted to see take place.

Improving care quality in response to complaints or concerns

- The service was responsive to people's feedback and this was an inclusive service. One relative said, "If they needed to contact us, I feel confident they would." Another relative said, "If there was a problem, they would ring me. They ring me when professionals come in to see him."
- Resident Matter meetings had been set up which included residents, relatives and key members of staff. They discussed different aspects of the service and how they thought it could be improved upon.
- Carehome.co.uk is an online platform where relatives and others can express their views and rate the service they receive. Overwhelmingly positive feedback had been received.
- The service had a clear complaints procedure, and this was audited by senior management to ensure complaints were responded to in a timely way. The auditor commented on how the registered manager responded to complaints in a timely, compassionate way.
- The service kept and had numerous thank you cards demonstrating the high levels of care people had received.

End of life care and support.

- The service took into account people's wishes, preferences and any advance care plans. The service had two staff who were end of life champions and had been working through the six steps programme which is an accredited end of life programme. The registered manager said they were hoping to receive their accreditation by the end of November.
- During the inspection we questioned whether people who were approaching the end of their life could have some sensory stimulation whether it be staff regular sitting and holding the persons hand, reading to them or the use of lavender bags or other sensory smells. This is because we reviewed end of life care plans which mostly focussed on people's physical care needs and less so on their emotional needs.
- Advanced decisions were in place where people were willing to discuss this. This meant people's wishes were known and could be planned for towards the end of their life.
- Staff told us they were encouraged and supported to go to people's funerals as a mark of respect and the service had created a memory tree in which to remember people.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well managed and was person centred and responsive to people's needs. The service offered both short term and long-term placements and supported people to regain their confidence and health and move back to their home or other alternative accommodation where they wished. In order to achieve this, they set people goals and worked in partnership with other agencies.
- There was a positive atmosphere in the service and staff knew people well and were observed chatting to them throughout the morning which actively enhanced people's wellbeing.
- People told us they felt well cared for and lived in a good service. One person said, "Here is better than other places I saw. From what I can gather, this is the best run place around here. I can't remember the managers name, but they are very approachable."
- There were regular audits and feedback was actively sought from people to help assess the effectiveness of people's care in line with their experiences. The registered manager told us that they or their deputy manager worked a night a month to assess how people's night care needs were being met. Nurse care also had a night response team who carried out regular audits and could also respond to any given emergency to help ensure people did not have a break down in care.
- Call logs were used to check calls and response times, monitor assistive technology and use information to link in with falls. This level of monitoring helped to determine and respond to any new, emerging or existing risk.
- The activity coordinator told us they went to activity forums to share ideas about activities and shared resources to help them in their planning for activities. This forum was open to people using the service who went along to represent their service and be their voice.

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 service provided was open and accountable with clearly established procedures for dealing with risk and identifying who was accountable and actions taken should something go wrong. Lessons learnt were shared at service and organisational level to ensure people were supported and where poor practice was identified systems were put in place to strengthen good practice.

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

- The service was well planned and delivered against the regulatory requirements. Risks were properly

assessed and there were plans in place to ensure the service was safe and the regulated activity delivered effectively.

- Audits were completed regularly and were robust in identifying continual improvements which were documented in a service action and development plan. This was a robust document and was colour coded to show levels of compliance and where improvements were required. An action plan included timely targets to be achieved and by whom.
- We reviewed staff training and development and saw examples of how the organisation recognised staff potential and developed it. For example, one person employed had come through the Prince's trust and had recently been nominated for a Norse Award for the best newcomer. Another had needed support as they had a learning disability but now worked independently.
- The registered manager told us they trusted and empowered their staff to deliver good, effective care by giving them the support, training and tools for the job. They were an experienced manager and had worked at the service for a long time. There was also a deputy manager in post. Staff development was key with staff receiving regular supervision, training in line with their needs and wishes and progression across job roles with clearly defined goals to help them achieve success.
- Staff were given the opportunity to progress and side step into more senior roles. The organisation recognised and celebrated good practice and held internal award ceremonies as well
- Staff when asked why they enjoyed working at the service told us it was because of the support they got and felt valued in the workplace and said Norse was a good company to work for. Several staff told us it would be good enough for their relatives. Staff told us the registered manager listened and acted on feedback.
- The service had an open-door policy and we found both the administrator and registered manager accessible and visible across the day and clearly supporting and directing staff. The team leaders were very personable, and people received seamless care.
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People told us there were opportunities to discuss matters arising in the service. We noted there were suggestion boxes in situ and on the notice board feedback from the annual surveys. This highlighted any actions taken as a result of feedback received. Annual surveys yielded good, positive results showing high levels of satisfaction with the service.
- We reviewed a recent quality inspection report completed by the regional quality team. This frank report highlighted any areas which could be improved upon, any outstanding features and best practice. Each service had a development plan which included feedback from those completing the annual survey. This ensured the plan took a holistic view of the service provided.
- The service had set up a 'residents matter group' to meet regularly and discuss issues they were wishing to discuss. The registered manager had arranged for local groups and businesses to be involved in their meetings. The Royal Society for the Protection of Animals (RSPCA) attended the last meeting and they had planned for the solicitors to attend the next to discuss power of attorney with people and their family/friends.
- The resident matter group included a panel of staff and relatives and was designed to be more interactive and involve people in the homes plans and decisions. Discussions took place with the group about the range and level of activity, decoration, staffing and people's dining experiences. 'You said we did 'was prominent in the service.

Continuous learning and improving care

- Norse care had launched their dementia strategy and wellbeing strategy. These were launched in April 2019 and reviewed every month for three years. After this time the strategy would be updated. The strategies have been developed using up to date government legislation, national policies and procedures, National

Institute of Clinical Excellence, (NICE Guidelines) and research evidence. The strategies helped to ensure the service was working towards working national goals to improve the wellbeing of people living with and without dementia. The registered manager confirmed Active Norfolk and the Alzheimer's society had also supported the service in implementing the strategy.

- Some of the staff were planning to undertake a skydive to raise money for a charity and the service held fundraising events to benefit people using the service.
- The service used technology to help enhance peoples care and safety. People were able to skype, they had access to WFI and virtual assistants like Alexa and google were in place.

Working in partnership with others

- The service was situated in the heart of the community and worked hard to engage with different groups and support people to maintain presence in the community. People using the service were supported to go out for a walk and use local amenities which included the local church, The Men's Shed, Watton carpet bowls, local swimming pool, dementia Café, theatre group, brownies, guides, cubs and scouts. Links with local entertainers had been established for the benefit of the service. The service also had established community champions and had links with a well-known business in town.
- Dementia friends was being rolled out across the service which is an initiative run by the Alzheimer's association. They provided free training and resources in return for spreading the message about dementia and its impact with other community groups. This helped increase awareness and encourage good dementia friendly practice.
- A regular newsletter helped families and people using the service keep in touch with events and what was happening in the service.
- The service encouraged people to feedback their experiences and be involved in their reviews of care, one relative said, "My sister came to a relative meeting earlier in the week, they do hold regular meetings. I think the place is run well and the management seem fine."