

Norse Care (Services) Limited

Rebecca Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Rebecca Court is a residential care home without nursing providing personal care for older people some who may be living with dementia, mental health, sensory impairments, learning disabilities or autistic spectrum disorder. The service can support up to 38 people. At the time of our inspection there were 23 people using the service.

Rebecca Court is a purpose built care home split across two floors with access via a lift or a staircase. The service benefits from secure courtyards and gardens for people to use.

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

The care environment was visibly clean, although some areas of the home were tired and require modernisation, the service have a development plan in place for improvement of the environment.

People were supported to live meaningful lives. People worked collaboratively with staff to set personal wishes. Goals were set to support people achieve their wishes.

People were involved in planning and reviewing their support needs. Care plans were shaped around people's preferences and support needs.

Where incidents or accidents occurred, there was evidence of analysis being completed to determine what measures could be put in place to improve people's safety and reduce the risk of incidents while systems are put in place to keep people safe.

Staff had been recruited safely and the provider had a system in place to calculate the numbers of staff needed to meet people's needs.

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.

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

Rating at last inspection

The last rating for this service was good (published 20 October 2018)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rebecca Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Rebecca 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Rebecca Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rebecca Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 May 2022 and ended on 01 June 2022 when final inspection feedback was

provided. We visited the service on 23 May 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we had received about the service since the last inspection, including notifications the service is required to send us by law. We also reviewed information passed on by the local authority. We used information gathered as part of monitoring activity that took place on 8 March 2022 to help plan the inspection and inform our judgments.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with six staff, including the registered manager, deputy manager, two care staff and two domestic staff. We also spoke to four people using the service. We reviewed three care records, two medicine administration records (MAR) and observed a medication round. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed other records, including policies and procedures, relating to the safety and quality of the service.

After the inspection

We continued to seek clarification from the registered manager after the inspection visit to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with safeguarding practices and procedures. Staff received regular training in safeguarding and understood their role in keeping people safe.
- People said they felt safe at the service. One person told us, "This is a nice home it really is".

Assessing risk, safety monitoring and management

- A call bell system was in place to keep people safe from harm. The registered manager highlighted there were intermittent issues with the call bell system, causing it to be unreliable. The registered manager had put additional steps in place to mitigate this risk including 30-minute visual checks for those who were at risk of falls to keep them safe. A plan was in place for the timely repair of this equipment
- People had individualised care plans and risk assessments. These included guidance for staff in relation to positive risk taking for specific risks, such as one person had a risk assessment for using box hair dye due to them requesting to use it.
- Specific health conditions had been assessed and staff were well informed how to support people with varying health conditions such as people living with dementia.
- People's care records were regularly reviewed alongside the person and families and amended following incidents such as falls or medical interventions.

Staffing and recruitment

- We saw sufficient staff were deployed on the day of inspection to ensure people's needs were met in a timely manner. Staff told us, "We have enough staff to spend meaningful time with people and support them with their needs."
- Staff were safely recruited, and checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing rotas reviewed showed consistent levels of staffing were in place on each shift, and the service had a stable, established core team of staff familiar with people's needs.

Using medicines safely

- Medicines were stored securely within medication trolleys, in a locked medicines room.
- We spoke with staff who confirmed they had completed medication training and competency checks had been completed. We observed staff complete a medication round which assured us the training was embedded and safe working practices were being used.

- Medicines were regularly audited to ensure stock balances were correct after each administration. Temperatures of the medicine storage areas were checked daily and recorded to ensure the correct storage temperature was maintained.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People's friends and relatives were able to visit people regularly. Visitors had access to Personal Protective Equipment (PPE).

There were measures in place for people to keep in contact if the home was in lockdown due to a Covid-19 outbreak, including Video calling, telephone calls and designated visiting rooms to maintain contact between the person and their families and friends.

Learning lessons when things go wrong

- Analysis of accidents and incidents took place to identify themes and trends, this was then used to put steps in place to reduce or prevent reoccurrence. This included extra wellbeing checks on people or equipment like sensor mats where a risk had been identified.
- Staff told us that the management team are approachable, and they would feel comfortable and able to raise any concerns in the event of making an error. A staff member told us, "The management will be fair and understanding".

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Care plans were robust and detailed people's preferences in relation to the support they received. Care plans were regularly reviewed with amendments made following incidents and accidents.
- Staff we spoke with had a good understanding of people's interests, and how they communicated their needs, this included use of picture cards, visual aids and use of a translation app for people with a language barrier.

Staff support: induction, training, skills and experience

- Staff told us they had received training based on people's individual diagnosis. These included diabetes, dementia care and autism awareness, a review of the training matrix confirmed this.
- Staff told us they had regular supervisions with a member of the management team and felt supported in their role. One staff said "I love it here, it is a great home to work in. training is good it is always updating."

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

- There was detail in people's care records about how to support them to maintain a healthy weight and people's weights were consistently monitored. Peoples care plans included information around their allergies and special dietary requirements.
- People were consulted about the meal choices and were able to have their meals at a time of their choosing. One person said, "I made a comment about not like sausages to the staff, so now I get an alternative when we have sausages."
- The dining experience we observed was well organised, people had a choice in where they would like to sit, what they would like to drink, and people had access to adaptive cutlery to help maintain their independence.

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

- Staff contacted a range of healthcare professionals on people's behalf where needed, such as GP's, district nurses and dentists.
- People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans.

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

- Some of the areas of the care environment was tired and required updating, the registered manager advised there is a development plan in place for the home, this has already been started in some communal

areas and the gardens.

- There was signposting in place to support people to orientate themselves within the care environment.
- People's rooms were personalised with their belongings and items of interest to them.

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 MCA 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.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity and ability to consent to care treatment, were assessed and under regular review by staff with support from the mental health nurse.
- People were observed to be given choice during the inspection and their choices respected and acted upon.
- Staff we spoke with had a good understanding of the MCA and when they would make a decision in a person's best interests.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were reviewed alongside the person by staff. This ensured the person was included in this process and that their input was sought.
- People told us they were treated with compassion and kindness by members of staff. One person said, "I've been very happy here. If I do not like the way they treat me I tell them, but they are all really good to be honest."
- We observed staff interact with people in a kind and companionate way, they gave people choices and gave them time to respond, people were not rushed.

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

- Records showed people were involved in meetings and surveys to discuss their views and make decisions about the care provided and the running of the service. For example, people's views and comments were used when the courtyard was being redecorated. The registered manager confirmed when they implement the development plan people's views would be sought.
- People were promoted to voice their feedback of care, people had access to the formal complaint policy, the registered manager also put in a process to review informal issues and passing comments. Respecting and promoting people's privacy, dignity and independence
- Staff were observed supporting people in a dignified manner. Staff ensured bedroom doors and curtains were closed when supporting people with personal care. One person commented "[Staff]made me feel humble in their kindness".
- People's personal values, beliefs and lifestyle choices were respected and reflected in their care records.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Care plans were clear and detailed and in place for each identified care and support need people had. Care plans were under review to fully incorporate and detail people's likes, dislikes and personal preferences.
- People told us they had choice and control of their daily lives. People were encouraged to make their own decisions, with staff support available when needed. People gave feedback to influence the way the service was run, including the activity programme and menus.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were reflected throughout their care records, and staff were familiar with any specific techniques or approaches they needed to take to ensure information is effectively communicated.
- Staff told us they use multiple ways to communicate with people based on the person's preferences, including a language app and picture cards.
- Staff had learnt some key words of the native language of people where English was not their first language, this ensured the person was supported in a manner they were familiar with.

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 had the choice whether to socialise with others or spend time in their own rooms. People were able to spend time with relatives and friends when they chose too.
- Regular activities took place at the service and the registered manager told us they wanted to further expand this by appointing an additional activity co-ordinator. A person told us, "There is enough to do when the activity co-ordinator is here. We do crafts."
- Care staff are offering support with activities to ensure people have access to activities including quiz's, bingo and music sessions.
- The service implemented a wishing tree, giving people opportunity to declare an activity they would like to do which would be stored on the wishing tree. Examples we saw during our inspection included days out to

meaningful places, reconnecting with old friends or reading a book of their choosing.

- People told us they knew how to complain and if they had an issue they talked to staff or the managers. One person said, "If you tell them something they listen."
- We reviewed a complaints log and it gave us an example of how they had dealt with a complaint, both formal and passing comments have been documented, this included an acknowledgment response with an apology, a detailed investigation and actions to prevent recurrence.

End of life care and support

- At the time of our inspection, no one living at the service was receiving active end-of-life care.
- The service had previously provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans, staff have also been provided with End of Life Care training.
- Staff also told us they are provided with counselling to support them through tough times, one staff member spoke positively of the additional support which helped them support people at the end of their lives.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- We observed positive interactions between the management and people, people had a rapport with the management team.
- All staff said they would recommend this service to others. One staff told us, "I have recommended the home to a friend for their family member to live here, the staff try their best it is like a family here."
- Staff told us they felt, valued and proud to work for the provider. One staff member said, "I feel supported and valued working here, I started as domestic and with support and development I have worked my way up to a team leader role, they want you to develop."

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; Continuous learning and improving care

- The registered manager demonstrated a positive approach to learning and development, we reviewed the managers files these included daily spot checks to ensure the service is running safely and effectively, a development plan that details the planned works to improve and update the service.
- The manager was open and honest, accidents and incidents were recorded and investigated. Relevant notifications were reported to safeguarding authorities and CQC when required. For example, notifications were sent into the CQC following an event and updates were provided.

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

- Audits were undertaken to check the quality of the service provided. Any shortfalls were recorded and actioned appropriately.
- The registered manager identified intermittent issues with the call bell system prior to the inspection and actioned this appropriately, assurances were given that steps are in place to keep people safe while they are awaiting a new call bell system.
- There were clearly defined roles for staff working in the home, staff told us they had appropriate training for their roles, one staff member said "I have worked in care for years and in multiple service and this home provided me with the best training."
- Staff were comfortable about raising concerns and knew how to escalate concerns either to the local authority or the CQC if they thought they were not listened to or their concerns acted upon.

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

characteristics

- People are encouraged to be involved in their care by taking part in meetings and staff seeking their feedback of their care.
- Regular staff meetings and supervisions had taken place to ensure staff could offer their feedback to the service. Staff said they would talk with the register manager if they had something to raise both positive and negative feedback. One staff member said, "The management are approachable, and they listen to what you have to say."

Working in partnership with others

- The registered manager and staff team engaged relevant health and social care professionals as required to meet the needs of people. This was evidenced within the care plans and daily records we reviewed.