

Mears Extra Care Limited

Norton 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

Norton Court provides care and support to older people living in specialist 'extra care' housing. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 19 people were using the service.

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

People received the care and support they needed to reduce risks associated with their health and safety and to maintain their independence. Care plans were in place which provided guidance to staff to deliver appropriate care to people.

Staff understood safeguarding procedures and knew what actions to take if abuse had occurred. Medicines were handled and administered safely. Incidents and accidents were managed in a way which ensured lessons were learnt to prevent reoccurrence. Infection control procedures were followed. People received care and support from staff when they required it. There were enough staff available to care for people. Staff were recruited in a way that ensured people were safe with them.

Staff were supported through an induction, on-going training, regular supervision and appraisal to help them be effective in their roles. Staff worked effectively with social and health care professionals and other services to meet people's needs. People were supported to meet their nutritional and dietary needs.

Staff cared for people with kindness and compassion. Staff understood the importance of delivering care to people in a way that maintained their dignity, privacy and independence. People were given choice about their care. Staff received equality and diversity training and they respected people's individualities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place support this practice. People consented to their care. People and their relatives were involved in making decisions about their care. Staff and the manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

People and their relatives knew how to raise concerns about the service. People felt safe with staff and in the way their care was delivered. The registered manager and provider regularly monitored the quality of service using a range of systems. The provider worked effectively with other services and organisations to develop the service.

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 the service under the previous provider was good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norton 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 ●

Norton 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.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience (ExE) who made phone calls to people and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Norton Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built 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 extra care housing; this inspection looked at people's personal care service.

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 announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the location on 30 May 2022.

What we did before the inspection

We reviewed the information we held about the service including notifications we had received. 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 used all this information to plan our inspection.

During the inspection

We looked at four care files, eight people's medication administration records, three staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records. We spoke with five people using service, seven relatives, the registered manager, the deputy manager, and three care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service and we received feedback from two members of the local commissioning team.

Is the service safe?

Our findings

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

The last rating for the service under the previous provider was 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

- People were safeguarded against the risk of abuse. The provider had a safeguarding procedure in place and staff were aware of the procedure. They had also completed training in safeguarding. They told us they would report any concerns of abuse to the registered manager and if nothing was done about it, they would contact external agencies to report it.
- The registered manager and the deputy manager understood their duties to keep people safe from abuse. They knew to refer any abuse allegations to the local authority and notify CQC.

Assessing risk, safety monitoring and management

- Risks to people were minimised. Risks assessments were carried out covering areas including moving and handling, health and safety of the environment, nutrition, falls and medicines administration.
- Management plans were developed to guide staff on how to support people to reduce these risks. For example, some people had moving and handling plans to support safe transfers. Plans provided instructions to staff on how to operate equipment and to perform tasks safely.
- Training record showed, and staff confirmed, they had completed moving and handling training. Staff understood people's plans and followed them to ensure they supported people safely. Risks were reviewed regularly, and management plans were updated to ensure they remained relevant to current needs and situations.

Staffing and recruitment

- There were enough staff available at the service day and night to meet people's needs and to respond to urgent situations. People told us they had their needs met by staff. One person said, "The carers are always available to help me. Anytime I call them they come and never complain." A relative mentioned, "Currently three times per day, plus carers pop in at night to check on loved one."
- Staff were allocated times to provide care to people based on their needs. The rota showed that care visits were adequately covered by staff. Staff told us that they had enough time to support people safely and they always worked together where people had been assessed as needing support from two staff.
- Staff worked flexibly to pick up extra shifts to cover any planned or unplanned absence. The provider had a bank staff system which they also used to cover shortfalls of staff.
- Recruitment procedures were robust and ensured only suitable staff worked with people. Records showed the provider took up references for staff and checked the criminal record database before staff could work with people. They also checked staff had the right to work in the UK, their identification and fitness to work in the roles they had applied for.

Using medicines safely

- People received their medicines safely. The provider had a medicines management policy and procedure in place. Staff were trained and had their competency assessed in the safe administration of medicines.
- Care plans detailed what support people required with managing their medicines. This included reordering of medicines as well as safe administration and storage.
- Staff completed medicines administration records (MAR) which showed what time people had received their medicines and who had administered them. The deputy manager audited MAR on a monthly basis to ensure they were completed correctly.

Preventing and controlling infection

- The service took steps to prevent infection and comply with COVID-19 guidance. The provider's infection prevention and control policy reflected current national guidelines.
- Staff were trained in infection control procedures. They used PPE effectively and safely.
- The provider continued to access testing for people and staff.
- Good hygiene practices were followed throughout the service.

Learning lessons when things go wrong

- Lessons were learnt from incidents and when things went wrong. Staff knew how to report incidents and accidents. Records of incidents, accidents and near misses were maintained by the service.
- The registered manager reviewed incident and accident information and took actions as necessary to reduce the risk of repeat occurrence. For example, they had involved the fire brigade in completing a fire risk assessment for one person following an incident.

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.

The last rating for the service under the previous provider was 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

- People's needs were assessed and delivered in line with national standards and legislation.

The registered manager or the deputy manager completed assessments of people's needs to establish the service's suitability to meet people's needs.

- People and their relatives were involved in the assessment process. Assessments covered medical and physical health conditions, mental health and behaviour; personal care, and nutrition. The registered manager explained they reviewed the information received from the referring authority and involved other professionals where necessary in assessing people's needs.

Staff support: induction, training, skills and experience

- Staff were supported and trained to be effective in their roles. One person commented, "I feel the carers have had right amount of training." Another person mentioned, "I'm happy with the way the carers look after me."
- Training records showed staff had completed training in areas the provider regarded as mandatory for the role. One member of staff said, "With this company training is very good. I'm learning a lot and hoping to progress one day. We get regular supervisions too."
- New staff members completed a period of induction which included undertaking training courses and shadowing an experienced member of staff. They were also required to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular support and supervisions which included observations, spot checks and one-to-one sessions. New staff went through a period of probation where they were observed and assessed as competent for the job. Annual appraisals were also given to staff where they received feedback on their performance and discussed developmental needs.

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

- People were supported to meet their dietary and nutritional needs. People's nutritional needs and requirements were detailed in their care plans. One person commented, "I prepare my own meals, but the carers check that I'm eating well." A relative told us, "The carers warm up frozen meals for [their loved one] and help them make porridge for breakfast."
- Staff explained that they reported any concerns about people's eating and drinking to the registered manager or to the person's relative and GP.

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

- People's healthcare needs were met. The service had a GP who visited people bi-weekly to see anyone who had healthcare needs.
- Staff shared information appropriately with the GP and supported people to report any health concerns they had. Staff followed up on any recommendations the GP made, where appropriate.
- People's care records also showed they received support when needed from district nurses, occupational therapists and other health professionals. Staff liaised with an occupational therapist when required to provide equipment for people.
- The provider worked with other agencies to provide a consistent and effective service to people. Each person had a document called 'Working Together' which contained personal information about their health conditions, medicines, GP and next of kin details and their care requirements. Staff shared this document with appropriate services like the ambulance team when they attend to take people to the hospital. The ambulance team then handed the document to hospital staff so people could get appropriate care and support while in hospital.
- The provider worked closely with the housing provider to maintain the building.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff worked in accordance with the principles of MCA. They received MCA training and understood people's rights under this legislation. One member of staff told us, "I have completed MCA training. I always encourage people to make their own choices and decisions."
- Records showed that people and their relatives were involved in making decisions about their care. The registered manager and deputy manager understood their responsibilities under MCA.

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.

The last rating for the service under the previous provider was 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

- People were treated with kindness and compassion. One person said, "The staff are very caring, they are nice people, very friendly and approachable. They stay and have a chat – nice to have social contact." A relative mentioned, "The carers are absolutely amazing. They talk to [their loved one] and spend time with them."
- We observed staff related to people in a friendly manner. They knew people well and knew what they liked. Staff chatted with people as they came into the communal lounge. They made sure people were comfortable and took time to check if they were fine and offered them drinks.
- Care records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race. Staff had undertaken training in equality and diversity and understood the benefits of promoting equality and diversity amongst people. Staff supported people to meet their religious, cultural and ethnic needs.

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

- People and their relatives were involved in making decisions about their care. Care plans indicated how best to involve people in their care. For example, one person's care plan explained that staff should be patient with the person and give them time to respond as they could be slow to answer.
- Staff showed knowledge of the needs and preferences of the people they cared for. They told us it was important to follow people's preferences and choices. One staff member told us, "I always ask what they want and give them choice. I don't assume I know what they want, I let them me."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, and dignity was respected. People told us that care staff always knocked on their doors before entering their flats or rooms. One person stated, "They give me privacy. They always knock on the door before entering. They respect my privacy and dignity." A relative commented, "Carers talk to people nicely and don't treat them like children."
- People's independence was promoted. Staff supported people to maintain their skills and abilities to live as independently as possible. One person said, "Staff encourage and help me to be independent." Another person told us how much progress they had made and how they could now manage most activities of daily living independently. They said, "Staff helped me a lot and encouraged me, and I was determined too."
- People's care plans indicated what they can do themselves and what they need support with. People had their own tenancies and their care was planned and delivered based on their own individual needs to

enable them to remain as independent as possible, in line the provider's objectives.

Is the service responsive?

Our findings

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

The last rating for the service under the previous provider was 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

- People received care and support tailored to their individual needs, covering their physical and mental health conditions, personal care, nutrition, mobility and social inclusion.
- Staff delivered care to people based on their agreed care plan. People received support from staff to attend to their personal care needs, to manage their medicines, and to maintain their physical health. One person told us, "The carers help me with anything I need. They help me with my personal care as I can no longer do this on my own because of my frailty."
- Care plans were reviewed regularly to ensure they remained relevant to people's needs. Staff told us that they were made aware of people's care needs by the registered manager and deputy manager. Information about people's needs was shared with staff appropriately so they knew to provide adequate support to people.

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.

- The service met people's communication needs and followed the requirements of the Accessible Information Standard.
- People's care plans included their communication needs and how best to achieve effective communication. Where people used hearing aids, care plans reminded staff to support people to wear them.
- The registered manager told us they provide would produce information in other formats and languages if required to meet people's needs.

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

- Staff supported people to undertake activities they enjoyed. People spent time in their flats watching TV programmes they liked. Some people spent their time with others in communal areas watching TV, playing games and chatting.
- The registered manager had planned a visit with people to one of the provider's other nearby services

where they organised social activities together in celebration of the Queen's platinum Jubilee. People were looking forward to this.

- People told us there had been a reduction in the activities on offer at the service since the pandemic. One person commented, "There used to be regular activities, but these were cancelled during the pandemic. There is a tea party today outside for the jubilee." A relative mentioned, "[Their loved one] is a bit isolated. Activities were stopped during the pandemic and they have not re-started. They used to do downstairs for a cup of tea and mix with other people."

"We recommend the provider seeks and follows best practice guidance on reducing the risks of isolation.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint about the service. The provider gave people a service user handbook when they first started using the service which included details about how to complain. People told us they would speak to the deputy manager or registered manager if they had any concerns. One person said, "I have had issues in the past and they were resolved."
- The registered manager understood the provider's complaint procedure. There had not been any recent complaints raised about the service.

End of life care and support

- People's advanced care decisions and wishes were detailed in their care plans. At the time of our inspection no one was receiving end of life care.
- Care staff had completed training in end of life care. The registered manager told us they would work closely with people's relatives, local GP and other health and social care professionals to meet people's needs at the time.

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 last rating for the service under the previous provider was 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.

- People told us the service met their needs and supported them to improve their well-being and quality of life. One person spoke about how staff had helped them improve their independence and well-being since they moved to the service. They commented, "I'm so happy now. I'm happy to be here and I'm doing very well." A relative mentioned, "[Their loved one] is very happy in Norton Court now that Mears has taken over; it is much more reliable. It's much better than previous places."
- Care was planned and delivered based on people's individual needs. People told us they felt safe and empowered to take positive risks because they knew they would get help from staff if they struggled. One person said, "I try to do things myself instead of always waiting for staff. I have learnt various ways to do things safely. I'm able to take this risk because I know if I'm in danger and press the alarm someone will come to help me."
- The service aimed to support people maintain their independence and quality of life. Staff showed they understood the provider's aims and objectives and worked with people to enable them to live as independently as possible whilst receiving the care and support they needed in a safe environment.

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

- Staff told us they had the leadership and direction they needed. One staff member said, "The registered manager is supportive. When I returned to work after I had been off work for a long time, the registered manager gave me all the support I needed, including training and updates to settle back in well." Another staff member mentioned, "The registered manager is helpful, very supportive and amazing to speak to about anything. This place feels like home. I look forward to coming to work."
- The service had a procedure for staff to follow to respond to emergency situations; and staff understood this procedure. The service operated an on-call duty management system which provided support to staff when needed.
- The registered manager understood their role and were experienced in running an effective care service. They complied with the requirements of their CQC registration including submitting notifications of significant events at the service. They were open and transparent when things go wrong and understood and acted in line with the duty of candour.

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

- The provider engaged with people, their relatives and staff to review the running of the service . The registered manager told us they operated an 'open door' policy so anyone could come in for a chat and they listened. One person said, "The registered manager sometimes visits to check if I'm OK." Another person stated, "The registered manager comes in and asks if I'm happy." A relative mentioned, "The office staff often rings to check that all going well. We are really, really happy with them."
- Regular meetings with staff took place where they discussed various issues including people's care, team issues, service planning and organisation. Staff told us they could share their views about the service.

Continuous learning and improving care

- The quality of the service delivered to people was regularly assessed and monitored through checks and audits. These included checks on medicines, health and safety, communication logs, staff training, complaints and safeguarding. The registered manager acted to make improvements where issues were identified. For example, change had been made to the medicine management system to ensure staff consistently signed people's MARs when required. This included addition supervision for staff to help improve their performance.
- The local authority commissioning team visits the service periodically to check the service provided. The registered manager was in the process of completing the actions from the last visit.

Working in partnership with others

- The provider worked well with the local authority and other care services to improve the care provided to people. The registered manager told us about the support they received from the commissioning local authority and health professionals such as palliative care team and GPs involved in people's care.