

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Weavers Court

Off Mount Street, Diss, IP22 4QH

Tel: 01379650669

Date of Inspection: 12 November 2013

Date of Publication:
December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Norse Care (Services) Limited
Registered Manager	Miss Karma Wensley
Overview of the service	Weavers Court is a Housing With Care service that accommodates older people living on the premises in their own flats, some of whom receive care under the registered activity Personal care.
Type of service	Extra Care housing services
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During this inspection, we spoke with six people who used the service, four staff and the registered manager.

Most of the people we spoke with told us that they were happy with the care they received. One person said, "I have no complaints." Another person said, "I am happy with the care." A further person said, "They are there if you need them, they are very, very good."

However, people and the staff told us that there were not always enough staff to assist people when they needed it. We were made aware that the provider was aware of this issue and had plans in place to increase the number of care hours given to people to ensure that their needs were met in a more timely manner.

People were asked for their consent before any personal care was given. Staff demonstrated a good knowledge of how to reduce the risk of spreading infection.

The required checks were being completed on the staff before they started working at the service to ensure they were of good character. The staff told us they felt supported by the management team.

The service had an effective system in place to monitor the quality of care they provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Most of the people we spoke with told us that staff asked them for their consent before they provided them with personal care. One person said, "They (the staff) always ask what I want." Another person said, "They ask if I need help." However, one person told us, "They don't always ask me if I want to get dressed but just do it."

We looked at four people's care records. We saw that some people had signed them to show that they had consented to the care that they were receiving. However, the provider might like to note that not all of the care records we viewed had been signed and it was unclear from the records whether this was because they didn't want to sign them, couldn't sign them or had not been asked to sign them. This meant that people might not have had the opportunity to comment on the care they were receiving.

The care records we looked at contained a document that demonstrated that a discussion had taken place regarding the person's end of life wishes. This showed that the service had taken steps to respect people's wishes.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The majority of the people we spoke with told us that they were happy with the care they received. One person said, "I have no complaints." Another person said, "I am happy with the care." A further person said, "They are there if you need them, they are very, very good."

We looked at the care records of four people who used the service. We saw that they contained an assessment of people's needs and that risks to their safety had also been considered. These included risks in relation to falls, mobility, medication and evacuation from the building in the event of an emergency. We saw that some people also had risks assessed regarding malnutrition and behaviour issues. However, the provider might like to note that we found a malnutrition risk assessment in one person's care record that had not been fully completed in March 2013.

We checked this risk assessment and found that the person should have been identified as being at high risk of malnutrition. No risk assessments had been completed since that date. We saw that this person was frail and had recently been put on build up drinks by their GP. We discussed this with the registered manager who agreed to review this person's care immediately. Since the inspection, they have confirmed that this review has been completed and that the appropriate measures have been put in place to assist this person with managing their nutritional needs.

People told us that they were able to participate in activities if they wanted to and that some new things had recently been introduced that they enjoyed. This included a shop on the premises that opened on a regular basis and the service had organised some trips out to the local garden centre and a local pub. People also told us that on occasions, they were supported to access the local community. We saw a list of events that were on offer each month. These included bingo, quizzes, reminiscence and church services. This demonstrated that the service had taken steps to aid people's general wellbeing.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Staff were able to demonstrate that they had the appropriate knowledge to ensure that they protected people from the risks of the spread of infection whilst they performed personal care.

Reasons for our judgement

We spoke with four staff members about infection control. They were all able to demonstrate a good knowledge regarding the subject. They told us that they always wore gloves and aprons when providing personal care and were aware of the importance of washing their hands regularly.

We checked the staff training records. We saw that the majority of them had received training in food hygiene but that eight of them had not received training in infection control. We spoke to the infection control lead who confirmed that staff were scheduled to receive refresher training on the subject within the next month. This meant that we could be assured that all staff would have sufficient knowledge and skills to prevent the spread of infection.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We checked five staff recruitment files. All of the records we looked at contained full details of previous employment history and photographic identification to enable the provider to determine that the person was who they said they were. A record of the interview that took place was also retained within the files.

We saw that references regarding the staff members previous employment and character had been obtained and a Disclosure and Barring Service check (DBS) had been received prior to a staff member starting work for the service. This meant that we could be assured that the staff employed were of good character and were fit to work with vulnerable adults.

The four staff members we spoke with told us that they felt supported in their work and that they worked well as a team. One staff member told us, "I feel fully supported. The management have an open door policy and I am comfortable talking to them." Another staff member said, "I love my job."

We saw that new staff had completed a probationary period to ensure that they had developed the required skills to enable them to provide safe and effective care. We saw documentary evidence to show that the service had assessed these skills on a regular basis during this period.

The staff we spoke with told us that they felt they had received enough training to meet the needs of the people who used the service and that extra training was available when they needed it. We checked the training summary for all staff working for the service. This indicated that all staff had completed training in the mandatory subjects of first aid and fire safety and that the majority of them had received training in the areas of safeguarding vulnerable adults, infection control and moving and handling. We also saw that some staff had received training in specific areas such as catheter care, dementia, the administration of an inhaler, nutrition, Parkinson's and stoma care. This meant that we were assured that staff had the necessary skills to provide safe and appropriate care to the people who used the service.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

The people and staff we spoke with told us that there were not always enough staff available to help people in a timely manner when they required assistance. However, we were satisfied that the provider had plans in place to rectify this issue.

Reasons for our judgement

The people we spoke with told us that the staff were caring. One person said, "The staff are kind, caring and happy." Another person said, "Lovely staff." A further person said, "They are all very nice and friendly and kind."

However, five of the people we spoke with told us that they felt there were not enough staff to meet their needs all of the time. Three people told us that the response when they rang their call bell for assistance was sometimes slow and how this impacted on them. One person said that they had felt unwell but had been told that the staff could not see them because they were helping someone else. Two people told us that on occasions, they had to wait for assistance to be taken to the toilet which made them feel uncomfortable.

Another person told us how they had not had a shower since they had been at the service since the beginning of November 2013. We checked this person's care record and saw that it had been documented that they required assistance with a shower. They told us that they would like a shower at least once a week although this was not documented within their care record.

The four staff we spoke with told us that they felt they could meet people's basic needs but that they were not able to always meet people's choices. For example, they told us that they did not have time to offer people showers in the morning if they required them and would try to complete these in the afternoon. They also told us that they often felt rushed when providing care and that they had to tell people they would have to wait for assistance.

We spoke to the registered manager about this. They told us that the provider had recognised that the care needs of a number of people who used the service had increased. In response to this, they had conducted a care needs analysis and were in the process of increasing the number of care hours across the service from 288 hours that was being given currently to 392 hours from February 2014. This meant that we were assured that the provider was responding to the changing needs of the people who used the service and had plans in place to ensure that they met these needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The service had an effective quality assurance process in place to monitor the quality of the service they provided.

Audits of the care records were conducted on a regular basis to ensure that they were up to date and reflected the needs of the people who used the service. Incidents and accidents that occurred were recorded and analysed to enable any patterns to be identified and acted upon. Observations of staff when they were providing support and care were also taking place. Any issues identified were fed back to the staff during their supervision meetings so that they could improve the care and support that they offered.

Medication audits were also being completed regularly to ensure that people received their medication correctly. We saw that findings from these audits were documented and that action was taken to correct any errors that had been found. This demonstrated that the service was effective at identifying issues to ensure that people received safe and effective care.

A formal survey regarding the care that the service provided had recently been completed. This had been sent to the people who used the service, some of their relatives and the staff. This was currently being analysed by the provider. This demonstrated that the service asked people of their views on their care to enable them to improve the quality of care that they provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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