

Norfolk Care Homes Ltd

Iceni House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Iceni House is a residential care home providing personal and nursing care to 50 people aged 65 and over at the time of the inspection. The service can support up to 75 people. The care home is purpose-built with both ground and first floor accommodation and each floor provides single accommodation for people requiring residential or more specialist dementia care.

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

Since the last inspection a new registered manager had been appointed. They were supported by a representative for the provider known as the nominated individual. They had worked jointly with health and social care agencies, staff, relatives and people using the service to improve the quality of care. Staffing levels have increased in line with people's needs and staffing was flexible. There was a cohesive staff team who worked well together and communicated effectively.

The culture within the service had improved and staff were open and transparent. Staff understood their responsibilities and were held accountable as necessary. Staff were appropriately trained to recognise abuse and challenge poor practice. Families commented on the openness and approachability of staff and said poor performing staff had left or been dismissed.

Medicines were well managed, and support was given to senior staff to ensure they were sufficiently competent and confident to administer medicines safely and only after being fully trained.

Infection control audits helped to identify if cleaning practices were effective. The service was cleaned to very high standards and staff were adhering to infection control procedures. Staff understood how to protect people from cross infection.

The service was managed effectively in line with people's needs. There was a person-centred culture and the service worked holistically with people, their families and other professionals.

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.

People were consulted about their care. The service was proactive in acting on people's feedback and consulting family members.

The service ensured people's health care needs were met. Staff had undertaken dementia training and they understood potential triggers for people's behaviour and how to respond to people when they might be in distress.

The registered manager had high standards and observed, trained and coached staff. Team leaders had been appointed and supported by unit leads. Staff were encouraged to take a lead role and some staff had key areas of practice they oversaw. Job descriptions had been updated and staff were clear about their roles and responsibilities.

The environment had improved and there were robust audits which demonstrated that equipment was safe to use and there was a routine programme of maintenance.

Feedback was sought and people and their families were involved in their care and the service acted on and sought advice from other professionals.

The registered manager was experienced and knowledgeable of the relevant legislation and best practice and had moved the service forward in a clear and professional way.

Rating at last inspection

The last rating for this service was inadequate (published 14 February 2020.) There were multiple breaches of regulation and we served requirement notices and requested an action plan to be sent to us. The provider completed an action plan after the last inspection to show what they would do and by when to improve. They have continued to send in a monthly action plan.

This service has been in Special Measures since the last comprehensive inspection undertaken on 27 November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a focussed inspection prompted in part due to the long-term sustainability of this service, but also to follow up on multiple breaches and check the accuracy of the current rating. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measure 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 coronavirus and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below

Iceni House

Detailed findings

Background to this inspection

The inspection

We carried out this focussed 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.

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 and managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of two inspectors and one assistant inspector who spent one day on site. We also used an Expert by Experience to capture the view of people using the service. 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

Iceni House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 announced. We gave the service less than 48 hours' notice of the inspection. We did this due to the current COVID 19 pandemic. The short notice period gave the registered manager time to discuss any safety concerns and gave them an opportunity to start gathering some information for us in preparation for our visit.

What we did before the inspection

We reviewed the action plan which the provider has been submitting monthly since the last inspection and other policy updates they had sent.

During the inspection.

On the day of the inspection, inspectors reviewed six care plans and care records, carried out observations, and reviewed the lunch time arrangements. They also carried a medication audit and an infection control audit., and inspectors looked at documentation in relation to the management of risk such as fire, maintenance of equipment, actions taken in response to accidents, incidents, safeguarding, staffing levels, (rotas) staff recruitment, training and supervision. They also reviewed the services overarching quality assurance systems and how the service engaged with people and relatives to improve the quality of the service.

During the inspection process we spoke with the registered manager, nominated individual, the receptionist, administrator, two care staff and unit leader and six people using the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

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 inadequate and there were multiple breaches of regulation. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

At the last inspection there was a breach of Regulation 12 (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

- There was better oversight of risk and pre-emptive strategies to reduce risk. We asked people if they received safe care. One person told us, "Yes I really do there is someone about all of the time and they are there if I need them. I do like it here." "A relative told us, "My family member is safe somebody always answers the phone when I ring, and staff are able to tell me about my relative immediately."
- People lived in a safe environment and activities of daily living were assessed and risks reduced as far as reasonably practicable. Risk assessments were in place for falls, manual handling, nutrition and hydration and any specific health care conditions or guidance.
- Changes in need would be referred to the GP or other relevant professional. Regular reviews and clear handover of information helped ensure all staff were aware of the risks and could give people appropriate levels of supervision and care.
- Regular audits of the night care and daily management walkarounds meant there was enough management oversight of the day to day running of the service and any immediate risks. An extensive business continuity plan had been completed for the service covering emergencies and what actions to be taken to ensure people's safety.
- The service had also developed very clear guidance for managing the pandemic and keeping people, staff and visitors safe.

Staffing and recruitment.

At the last inspection there was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of regulation.

- The provider had ensured the right skills mix of staff and had calculated staffing numbers based on the assessed dependency levels of people using the service.
- Our observations during the inspection showed shifts were well organised, and staff sufficiently deployed across the service which meant care was provided effectively. A relative told us, "Staffing levels were low at one point and there was a high turnover of staff and a feeling of unrest. It's better atmosphere now since before covid. There is a better management structure in place. I have seen the improvement."
- A staff member told us, "shifts are organised well, and management of all levels are present."

Communication is extremely important, and it has vastly improved from the last inspection, as a team whether night or day staff we work together to share our knowledge and ensure the best possible care and support is given."

- Staff recruitment processes had been adapted to help ensure risks from covid were minimised. This included a full disclosure and barring check and references to ensure they were suitable to work at the service. Audits were completed to ensure staff records conformed with the services employment policy.

Using medicines safely.

At the last inspection medicines were not safely managed and this formed part of a wider regulation 12 breach. At this inspection medicines management had improved and the provider no longer in breach of regulation 12

- The service received support to improve and changed from electronic medication administration to administering medicines from the original packaging. This has significantly reduced the number of errors.
 - Medicines were being well managed, and staff were trained and assessed as competent.
 - Medicines were being administered by senior staff and one person administered their own medicines. This was clearly risk assessed. Daily, weekly and monthly medicine audits helped to quickly identify any issues or errors. Where an error had occurred, the service was proactive in reporting this and ensuring lessons were learnt.
 - Staff explained to people what each medicine was for and asked for their consent before administering it.
 - There were clear protocols for each person. We asked to ensure that people's photographs were dated and kept up to date.
 - Where people had medicines when necessary, (PRN) there was clear information to guide staff as when to administer these. The medicines policy had been extensively reviewed and rewritten in conjunction with the community medicines team.

Preventing and controlling infection.

- The service had robust processes to manage and prevent the spread of infection. Staff were tested weekly and service users monthly which meant the presence of infection could be identified and managed.
- All visitors were observed following the guidance on the visit. One relative told us; "I have been stunned at the good care my relative has received. I saw my relative 3 days ago through a Perspex screen. I am impressed by their (Iceni House) covid compliance. They (staff) are superb with my relative. Staff were also clear about the measures they needed to take to promote people's safety."
- A staff member told us, "We put on personal protective equipment, (PPE) when we come into the home, we have to wear masks at all times now and I have gloves and apron. I have done infection control training and an introduction to safety and health in the workplace."
- Admission to the service was managed well and isolation rules were followed. People's wellbeing was also assessed daily, to identify any changes within their health.
- There were handwashing stations and hand gel throughout. The cleaning records were reviewed. They did not clearly evidence the high level of cleaning that was taking place. The registered manager confirmed they would further strengthen these documents.

Learning lessons when things go wrong.

- The service had effective quality assurance systems which included a good overview of any event affecting the persons health, welfare and safety. This included accidents, incidents, falls, safeguarding concerns and medication errors. This information was collated and reviewed to identify any themes or patterns and to agree actions going forward. Learning outcomes were shared with staff during one to one or group supervision.

Systems and processes to safeguard people from the risk of abuse.

- Since a change in management there was a much clearer oversight of safeguarding concerns. Staff were supported to raise concerns and to recognise the poor culture that once existed in the service. A relative told us that their family member said to them, "The horrid ones have gone. I want to stay here now." A staff member told us, "I feel really proud to be here, people are safe, and the manager acts on any concerns."
- The registered manager and the nominated individual were transparent and effectively communicated with the Care Quality Commission and Local Authority about any ongoing allegation and actions taken in regard to both historical and current safeguards. A health care professional told us about a recent incident and said, "We were made aware of this and it was raised as an alert. The service user did not come to harm and they are undertaking a robust investigation."
- Some staff were signed up for enhanced safeguarding training and all staff completed regular safeguarding training and were familiar with the processes.

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 inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection we identified a breach of regulation 14 of Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation 14.

- People were supported to eat and drink. There was a drinks trolley for people to help themselves and staff actively encouraged people to drink throughout the day ensuring drinks were in reach and ensuring enough choice.
- The dining experience was good, staff sat with people and were attentive to their needs. Menus were clearly displayed, and staff plated up different options and showed people so they could choose. Food was well presented. Where people preferred not to have the main options other choices were readily offered.
- Staff commented that the environment and mealtime experience had improved to such an extent that people's appetite had improved, and less people now had unintentional weight loss.
- People at risk of dehydration and weight loss were carefully monitored and people's dietary needs were met.
- A relative told us, "Speech and Language therapists do go in and their family member has pureed food and they set it out nicely, it's well presented. She needs thickened liquids as well. They use moulds to shape the food."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being

met.

At the last inspection we identified a breach of regulation 11 of Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The service had not always ensured they applied for a DoLs as appropriate and decisions around mental capacity were not clearly recorded or reviewed. At this inspection we found practices had improved and the provider was no longer in breach of regulation.

- A relative with power of attorney said staff always kept them informed and rang to ask permission for their family member to have a covid test. Another relative told us, "We are all involved in decisions about her health and care. Things like going into hospital or staying at Iceni House. We have been asked about end of life care."
- The registered manager had an overview of people using the service who either had a DoLs granted or where one had been applied for. A tracker was in place which showed when it had been granted and when it needed to be reapplied for. Staff received training to help them understand the Mental Capacity Act 2005 and support people lawfully.
- We observed staff and they were able to effectively support people in line with their needs, preferences and preferred communication. Staff offered people choices and did not assume what people wanted based on previous preferences. A staff member told us about a person with no speech and said they offered them both food options to taste and could judge by their expressions what they liked.
- Care and support plans incorporated what decisions people could make both day to day and more complex decisions and what support they might need to do so. Descriptive information considered every decision in its own merit and mental capacity was reviewed in an ongoing way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. At the last inspection we identified a breach of regulation 9 of Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found improvements and the provider was no longer in breach of regulation.

- Admission processes had improved and although the registered manager was not able to go out and assess people due to the pandemic, they ensured she had a full assessment and consulted with the person and their family about their needs.
- Care plans and risk assessments were drawn up quickly and added to and identified what the need was and what actions had been agreed to ensure the needs were met. The registered manager had good knowledge and knew where to access support and guidance.

Staff support: induction, training, skills and experience.

- At this inspection we found improved practice in terms of staff support and training. Some staff had been performance managed and some had left because their practices fell short of the desired standard. The registered manager had organised lots of training with some face to face.
- The registered manager completed daily walk rounds. They completed observations of staff practice to assess their competencies in a number of areas which had been extended to include mealtime experience and topical medicines as well as manual handling and medicines administration.
- The registered manager recorded staff achievements and encouraged staff to take on roles which were suited to their needs and had promoted staff from within the service. Staff supervisions were taking place regularly and appraisals were planned, and further training planned around the needs of people being supported.
- A relative told us, "In the main the staff are skilled. Her sensory needs mean that she feels she is falling

when being hoisted the staff talk her through. The staff are empathetic. I think they have recruited more experienced staff. "

- A new staff member told us I did two days full shadowing, then two weeks induction and I have three months' probation, I am learning a lot here and the staff are lovely if there is something I do not know there is always someone about to help me."

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

- Since the last inspection communication with other professionals had improved significantly and people were able to access the services they needed particularly around distress behaviours. The service had built a good rapport with family and involved them in decisions.

- Health care records provided evidence that people were seen regularly by the optician and the chiropodist. Matrons were contacted if there were any concerns about people's health and the GPs visited as required. Improved record keeping meant changes in people's needs were quickly recognised and they were referred to the appropriate services.

- A relative told us," They ask me if my relative needs to see the chiropodist, the hairdresser and about the flu injection."

- The local authority had provided guidance and tools the service could use to help assess people and ensure measures in place were appropriate, such as falls screening tools.

- The registered manager linked in with other managers and skills for care to ensure their knowledge was up to date and had put some staff forward for additional qualifications in care. Staff were encouraged to have oversight of key areas of practice and ensure their knowledge was up to date.

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

- Since the last inspection improvements had been made to the environment which was now more accessible and inclusive of people's needs.

- The service was purpose built and provided generous accommodation with separate communal areas where people could socialise or have private space. The service was fully utilised. A relative's room had been created where they could stay when their family member was receiving palliative care.

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 inadequate. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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.

At the last inspection we identified a breach of Regulation 18, Care Quality Commission (Registration) Regulations 2009. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

- There was an open, transparent culture and notifications were effectively communicated.
- The nominated individual has retrospectively followed up complaints and incidents which had not been previously investigated. They copied us into their responses which we found to be robust.

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

At the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

- The registered manager and nominated individual had improved the auditing processes and the standards of care.
- A relative told us, "Since the new manager it's now much more efficiently run, and the communication now is far better." A staff member said, "She's always available and operates an open-door policy! She is visible and throughout the day regularly comes onto the floor to see how staff are and to spend time with the residents." They said they were confident that things were taken on board."
- A health care professional told us, "Management are very receptive to guidance and advice; proactive in identifying gaps and putting in place appropriate measures and are open and honest. Working with them has been a refreshingly positive experience."
- The organisational structure had been changed and staff teams worked on designated floors which reduced the risk and spread of infection. Job descriptions had been rewritten and some staff identified as champions for different areas of practice where they had key responsibilities and areas of expertise or a specific interest in the subject.
- The registered manager had a good regulatory knowledge. They referred to relevant guidance and best practice.
- There was clear oversight and governance structures to ensure risk was appropriately managed.

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

- At this inspection the culture of the service had improved and communication between staff and management was good. People lived in an environment which was safe, and management identified and acted on incidents.
- Staff worked in a learning environment where incidents were reflected on and lessons were learnt to reduce the likelihood of further incidents occurring
- One staff member told us, "The management is different, I'm absolutely loving it, very happy very supportive, lots of training." We spoke to people using the service and observed their care. One person told us, "I have been here for a while, I do like it here everyone is lovely."
- Staff communicated effectively with each other and with service users. Staff said they had time to meet people's needs and did not feel rushed or under pressure. A relative told us, "The care home is exceeding all expectations." Staff told us since a change in culture more people left their rooms and engaged with others in the service.
- People's care plans were comprehensive and up to date, giving a good overview of needs and risks. Families had been invited to participate in the reviews, but this had proved challenging due to the restriction on visitors.
- Since the last inspection the provider has listened to any concerns and made changes to both staff teams and put in place a competent, experienced manager. The nominated individual supported the registered manager on a regular basis. The provider and nominated individual have been proactive and developed a comprehensive action plan which has been communicated with all agencies.

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

- At this inspection we saw improved engagement which helped ensure people's preferences were recognised and adhered to. The environment was inclusive, and staff were not afraid to raise concerns.
- A relative told us, "They the (staff) keep in touch with a monthly newsletter." They told us how drive through and now face to face visits had been arranged and how they were asked about the person being cared for background to ensure this was incorporated into the care plan.
- Relatives told us questionnaires were circulated and said the service immediately acted upon their feedback. Another relative told us, "I did help to share their life story and I am pleased with the Care Plan as it is a fair summary. I get regular letters from Icen House advising me what is going on and we did the drive through. I have attended meetings before covid and there is a survey now about proposed visit. I was sent a visitor's policy letter that invited me to share issues and to consider Face Time calls." This demonstrates how well relatives are involved and consulted.

Continuous learning and improving care.

- Within ten months the service has significantly improved. We asked staff and relatives what they thought of the service. A relative told us, "I would rate Icen House as 11 out of ten. I am very impressed and would recommend it to others. (when I was visiting) it was a much tighter ship (with new manager). They have raised standards amazingly."
- Staff told us they were involved in decision making processes She also involved staff in decision making and asked for ideas to improve the service. One suggestion was having a visitor's room and 'a hug in a box,' which included toiletries and everything a visitor might need for an overnight stay.

Working in partnership with others.

- Improvements were identified at this inspection with the service being proactive rather than reactive. They had a clear vision and strategy for moving the service forward.

- They had developed better partnership working to ensure people had joint up care.
- Family members were very positive about the changes they had seen. A relative said, "the staff are kind because when we go in, they speak to us and about our relative using nice words. They (staff) seem very caring and are willing to take on (our) suggestions. They just have a good manner."