

Methodist Homes

# Cromwell House

## Inspection report

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07 November 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Cromwell House is a residential care home providing accommodation and personal care to up to 38 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 37 people using the service.

The care home has 2 floors. There were shared spaces such as a lounge, a dining room, bathrooms, toilets and 2 kitchenette areas for people to use. People's bedrooms had ensuite facilities and some had showers. There was a garden for people to access.

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

Risks associated with people's care needs had not always been assessed thoroughly. Care records and risk assessments did not always accurately reflect the care people needed.

Medicines were not always managed safely, and people did not always receive their medicines as prescribed.

Quality assurance systems and service oversight was not always effective. The provider took action when prompted by our findings.

The service had enough staff but they were not always safely recruited.

People were treated with dignity and respect. People told us they enjoyed the activities within the service. We observed, and people told us, that mealtimes were a sociable and pleasant experience.

Staff knew people's life histories well. People were encouraged to stay independent and continue their hobbies and interests at the service.

People spoke positively about the atmosphere within the service. People using the service and their relatives found the registered manager to be approachable and caring. The service sought the views of staff and people using the service.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 July 2018). At this inspection we found the provider

was in breach of regulations. The service is now rated requires improvement.

#### Why we inspected

We inspected this service due to the length of time since the last inspection. As a result, we undertook a comprehensive inspection of the service.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cromwell House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cromwell House

## 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

The service was inspected by 2 inspectors and 1 Expert by Experience. 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

Cromwell House 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. Cromwell House is a care home without nursing care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 spoke with 12 people who used the service and 6 family members about their experience of the care provided. We spoke with 9 members of staff including the registered manager, deputy manager, 2 senior care assistants, 2 care assistants, 1 activities assistant, 1 chef and 1 kitchen assistant.

We reviewed a range of records. This included 6 people's care records and 3 medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies, procedures, and audits. We looked at documents relating to the health and safety of the service, including equipment maintenance records, health and safety checks and fire safety documentation.

# 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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We were not assured that people received their medicines safely or as prescribed. The systems the provider had in place to monitor medicine management had failed to identify and rectify the concerns found at this inspection.
- Medicines' records showed that some people missed doses of their medicines because they were asleep. For one person, this had happened 47 times in a 26 day period. No action had been taken to seek medical advice regarding the potential impact of this.
- There were discrepancies in medicines stock counts. This meant that when medicines' errors happened, they were not acted on. This left people at risk of harm.
- People's prescribed topical creams were not always stored safely. The registered manager told us these should always be locked away to protect people from the risk of harm. We saw there were suitable facilities to store topical creams in people's bedrooms, but they were often left open with the keys in the lock.
- One person was prescribed medicines for constipation to be taken every night. This medicine had not been in stock for 26 days consecutively. The service had not sought a replacement, referred this to the prescriber for advice or monitored the person's bowel movements. On investigation, the medicine had been stopped by the prescriber in June 2023, but the service had failed to record or action this.
- The service had completed regular audits of medicines, however these had been ineffective at identifying and/or rectifying the concerns found.
- The registered manager and not all staff who were administering or auditing medicines had been fully assessed as being competent to do so. This placed people at risk of harm.
- We asked the service to undertake a full and thorough audit of peoples prescribed medicines at the end of our inspection. The service sent us an audit they had started before our inspection process began. This did not identify concerns found at the point of inspection.

Systems were not effective at ensuring people consistently received their medicines safely or as prescribed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risks to people had not been consistently identified and assessed.
- For one person who had experienced numerous unwitnessed falls, their risk assessment stated a sensor mat should be in place to help mitigate the risk of falls and potential injury. We saw this was not in place as required. This placed the person at risk of harm.

- One person had multiple and significant pressure ulcers and was at high risk of poor skin integrity. There was a lack of clear guidance in place for staff on how to care for this person in order to reduce the risk of further skin deterioration.
- There were gaps in people's repositioning records and these were mostly undated. We could therefore not be assured that people had been repositioned in line with guidance from healthcare professionals.
- There were people at the service living with stomas and catheters without care plans or risk assessments in place. This meant staff did not have information available to them to safely manage the risks associated with these.
- Whilst we were not aware that people had come to harm as a result, the lack of robust risk assessing placed people at risk of harm.

The provider had failed to ensure the risks in relation to people's health, safety and welfare had been fully identified, reviewed, and mitigated. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Care staff received safeguarding training and understood how to recognise signs of abuse and how to report concerns appropriately. Staff knew when to escalate concerns to the local authority or the CQC. One person told us "I feel very safe living here."
- The service worked in partnership with the local authority to report and investigate safeguarding concerns.
- The service displayed posters detailing how to report safeguarding concerns outside of the service.
- The provider had a safeguarding policy in place.

Staffing and recruitment

- Pre employment checks were completed on potential staff including seeking references and completing Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found gaps in the employment records of 3 staff working at the service. This meant the service could not be fully assured of the staff members suitability to work with vulnerable adults. We have addressed this in the well-led section of this report.
- Most people told us that staff responded quickly when they needed assistance. We observed staff to attend to people quickly and they were not rushed.
- However, some people told us they felt the service would benefit from an additional member of staff due to peoples increasing needs. One person living at the service said "Most of the staff are excellent...they are under some pressure because there are more residents with fairly high demands who need their time."
- Another person told us "Compared with when I first came here it does generally take them longer to answer [call] bells particularly after mealtimes when they're all very busy."
- People spoke positively of new staff recruited into the service. A relative told us "A lot of good [staff] have left, but I know [the registered manager] wouldn't have anyone who wasn't capable."

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 supporting people living at the service to minimise the spread of infection.



- 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 responding effectively to risks and signs of infection.
- 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

- The service did not have any restrictions on visiting, and we observed people to have relatives and friends visit freely. Visitors were made to feel welcome.
- People living at the service were seen to go out for the day independently.

#### Learning lessons when things go wrong

- The registered manager told us they reviewed all incidents and accidents at the service to ensure they learnt lessons from them. However, there was no formal template to show that incidents and accidents had been analysed for themes and trends.
- We saw that 'crib sheets' had been written to report on individual incidents such as falls. This document gave information about what happened at the time of the fall and the action taken by staff.
- The provider shared with us a new format for capturing feedback and audit outcomes which they planned to implement.

# 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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Peoples care needs had not always been fully assessed before being admitted to the service. For one person with very complex needs who was recently admitted to the service, they did not have a full care plan in place which identified risks associated with their care.
- Peoples care needs were not always fully captured within their care records. The service told us they will soon be transferring to electronic care planning records to improve this.
- Staff had not followed best practice guidelines around caring for people with catheters, stomas and those at risk of developing pressure ulcers. This put people at risk of not having these needs met effectively.

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

- The service had not always made referrals to the GP where people had regularly missed their medicine due to being asleep.
- Referrals to specialist healthcare professionals were made as required. We saw evidence that people had been seen by Speech and Language Therapists and the Falls Prevention Team as appropriate.
- The service had referred people to the Community Nursing teams where there were concerns around managing people's pressure area care. However, for one person with significant pressure area deterioration, the advice given was not always recorded or communicated effectively.

Staff support: induction, training, skills and experience

- The service had a training matrix in place which showed that staff were provided with training which was appropriate for their role.
- Staff received supervisions and appraisals from their line manager which gave constructive feedback on their performance.
- New staff undertook a structured induction with regular reviews throughout their probationary period.
- The service used agency staff when needed to ensure staffing levels were adequate to meet people's needs.

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

- People were supported to eat and drink enough and spoke positively of the food. One person told us, "The food is pretty good on the whole and there's certainly enough of it."
- We observed mealtimes to be relaxed and sociable. Catering staff knew people's likes, dislikes, and dietary requirements well.

- Speaking of their specialist diet, one person said, "There are always choices and meals I can eat."

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

- The service was well designed, and easy to navigate for people with cognitive and sensory impairments.

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.

- Where people were deprived of their liberty, the provider had appropriate authorisations in place and ensured conditions were met.
- The provider maintained effective oversight of DoLS applications through the use of a monitoring matrix.
- We saw evidence that peoples capacity to make decisions had been assessed as necessary.
- People living at the service were supported to make their own decisions and choices wherever possible. One person said "I'm able to speak up and express myself."
- The service consulted with peoples legal representatives appropriately .

# 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

- People consistently told us they felt they were treated with dignity and respect.
- Relatives of people said they felt welcome. One person told us "It's a friendly and welcoming place." We observed the atmosphere within the home to be warm and caring, and people told us they felt the same way.
- Staff knew people well, and spoke passionately about people's life stories, likes, and dislikes. We saw evidence that people and their relatives were involved in this process before they moved into the service.
- People's private rooms were treated with respect and one person said, "[Staff] look after us very well. My room is kept clean and tidy. The staff are very friendly and sensitive."

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

- People's care plans evidenced that they were involved in planning their care as much as possible. Where people were unable to express their preferences, the service had appropriately involved their relatives or legal representatives. We saw that some people had hand-written their own life stories and preferences about the care they did or did not want to receive.
- People told us they were given choices, and these were respected. "I feel they listen to you and anything I've asked for it's always happened."

Respecting and promoting people's privacy, dignity and independence

- We observed staff and managers to speak with people with respect.
- Where people were being offered assistance to the toilet in a communal area, this was done discreetly.
- People were encouraged to be as independent as possible. A person living at the service told us "They keep us going very well here." We observed some people to leave the service alone to go shopping for the day.
- Where people were receiving personal care in their bedrooms, a small discreet sign was placed on the door to ask people to not enter. This protected people's dignity.

# 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. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records did not consistently evidence that people received care to best meet their needs. Records were sometimes found to be inaccurate or unavailable. This meant people were at risk of receiving care that was not appropriate to their needs.
- People told us they felt the care they received met their needs, however observations on the day of inspection found this was not always the case. For example, one person's care records stated they did not like to go to bed, however at the time of our inspection they received all of their care in bed.
- Whilst people's care plans had been reviewed monthly, changes to people's needs were not always updated within associated risk assessments.

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.

- Care plans contained information about people's communication needs.
- The provider information return (PIR) detailed that individual communication needs were assessed and planned for before the person moved into the service. This meant the service were able to put measures in place to communicate with people in the most effective way.

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 spoke highly of the activities at the service. One person told us, "You're the master of your own destiny here; you can sit in your room if you want to or join in the activities or go to the garden. There's a poetry group and word games which are very good and there are 2 religious services a week. The garden is lovely now and we like to sit in it and play scrabble...the activities organiser is extremely good."
- We saw that people were encouraged to engage in ways which were meaningful to them as individuals. This meant activities sessions were accessible to all.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints at the time of our inspection, however the registered manager sought people's feedback regularly. This was displayed in a format of 'You said, We did' which gave

updates on more informal issues raised.

- People's relatives told us concerns they had were dealt with in a responsive way. One relative said, "If I had a problem I would email [the registered manager] and I would get a response. We get sent frequent questionnaires asking for our feedback."

End of life care and support

- People's end of life wishes were discussed and recorded in their care plans. This included people's preferred places of care and who they would like with them when they approached the end of their life.
- The service also discussed people's individual likes and dislikes, such as their bedroom temperature, their music preferences and any religious or cultural needs the person would like to be honoured at the end of their life.

# 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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The systems the provider had in place to monitor the quality of the service had failed to ensure care records were accurate and complete as required by regulations. They had also failed to identify shortfalls in staff recruitment checks. Whilst systems were in place to audit medicines administration, these had failed to identify or rectify the concerns found at this inspection.
- Concerns identified through the providers own audits had not been effective at driving improvements. For example, the registered manager told us that senior care staff undertook daily stock counts of medicines, however these had not been successful in identifying and rectifying the discrepancies found.
- Where concerns had been identified by the service, action had not always been taken in a timely way. For example, an audit of a persons care plan identified some documents needed to be rewritten, however this remained without action at the time of our inspection 4 weeks later.

We found systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us their internal quality assurance team have been allocated to support the service to make the necessary improvements.
- The provider responded promptly to our feedback during and after the inspection. They confirmed the actions they planned to take to make improvements. The regional manager told us they had full confidence in the management team at the service.
- People spoke highly of the management team. People consistently told us they felt comfortable to approach them, and they felt confident action would be taken in response to their feedback.
- The same management team have worked at the service for 20 years, and demonstrated a dedication to making the necessary improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People felt engaged with the service and were generally happy with their experiences. Comments included "There's nowhere that could be better for us than here; we can be as we want." and "It's a friendly place to be and the staff seem to get on well together. Ideally there would be an extra member of staff on some days, but on the whole I think they do as good a job as they can."

- People were kept up to date through a newsletter, meetings, and feedback notice boards.
- The registered manager and staff team worked well with various organisations, such as speech and language therapists, falls prevention teams and social workers.

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

- Staff and managers knew people well, and this made people feel safe and well cared for.
- We observed a warm and empowering culture, where everyone was treated with kindness. Staff and managers treated each other with respect.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service responded to concerns in a transparent way and told us they were committed to improving when things went wrong.
- The registered manager understood, and was able to describe, their responsibilities under this requirement.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not effective at ensuring people consistently received their medicines safely or as prescribed.</p> <p>The provider had failed to ensure the risks in relation to peoples health, safety and welfare had been fully identified and assessed.</p>

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and improve the service were not sufficiently robust.</p>

**The enforcement action we took:**

Warning Notice