

Mr Robert Timothy Teasdale

Norfolk Villa Residential Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The overall rating for this service is 'Inadequate' and the service is in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We carried out an unannounced comprehensive inspection on 26 September 2016. The overall rating was 'requires improvement'. We issued a requirement notice and told the provider to take action in relation to how people's confidentiality was promoted and to how their money personal money was stored. Improvements were also required to ensure staff used people's care plans to help plan and deliver people's care in line with their needs, wishes and preferences, and opportunities for social engagement required further development. In addition, the management of people's medicines required strengthening, and further action was required to ensure the newly designed systems and processes which had been implemented to monitor the quality of the care, were embedded into practice. Following the inspection, the provider sent us an action plan, telling us how they would make improvements.

We carried out a comprehensive inspection in December 2017 and looked at whether improvements had been made for issues raised from the inspection in 2016. At the time, we found that people's confidentiality was respected, people's money was looked after safely and people had comprehensive care plans in place. However, in December 2017, we found that people still did not have much opportunity to remain physically or cognitively active and that improvements were still required regarding medicines management. We also found the environment had not been assessed to ensure it was safe for all people living there and that people were not always protected from the risk of infection. We found people did not always have access to sufficient numbers of staff, people were not always treated with dignity and respect and their privacy was not always promoted. People's needs or preferences regarding the end of their life, food and mealtimes and the décor and environment had not always been sought or respected. People had not always been involved in developing the service and the provider had not effectively monitored the service to ensure improvements were made to its quality and safety. The provider had not ensured that the culture of the

service was positive, inclusive or person-centred and staff told us they did not feel valued by the provider. The provider had a limited understanding of the regulations which underpin the running of the service. Following the inspection in December 2017 we met with the provider to discuss our concerns with them. We also took enforcement action, to impose a condition on the provider's registration. This meant on a monthly basis, the provider was requested to submit a report detailing action they had taken to ensure: people's end of life wishes were known, the safety and temperature of the environment was assessed, infection control practices were monitored, the number of medicines people had available was monitored, people had clear information in place for 'when required' medicines and people's privacy, dignity and social needs were met. The Commission had been receiving and reviewing the provider's monthly returns, which had demonstrated ongoing improvement at the service. The findings of this inspection found the information which had been provided had not always been fully accurate and did not always reflect the current regulatory position within the service.

Norfolk Villa Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Norfolk Villa Residential Home provides care and accommodation for up to 19 older people, some of whom are living with dementia. Accommodation and facilities at Norfolk Villa Residential Home are situated on two floors, with access to the upper floor via stairs and/or a stair lift. There is a lounge, dining room and outside patio area, as well as some shared bathrooms, shower facilities and toilets. At the time of the inspection 13 people were living at the service.

The provider has responsibility for the management of the service and has no requirement to have a registered manager. A registered manager is a person who is registered with the Commission and has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, in 2016 the provider had sought support with the running of the service, by employing an acting manager from a health and social care consultancy firm. They had recently decided to employ the acting manager permanently and they were in the process of registering with the commission

The inspection took place on 21 and 27 September 2018 and was unannounced.

The provider and manager had not always learned from information provided by previous inspections. We found some areas of improvement regarding infection control had been identified, however these were not all being monitored to ensure they improved. We found the environmental risk assessment had still not been used to assess the risk of toiletries and cleaning products being left unsecured in the home. We also found the provider's monitoring of the service had not identified gaps in records such as people's fluid intake not being recorded or monitored effectively. Alternative methods of communication people might require had not been considered as part of people's care plans. Action had been taken to improve the décor and the environment and people had been involved in making some of these decisions. However, simple things, like ensuring paperwork was not left over the dining table, changing the names on people's doors and putting unused equipment, furniture and furnishings away rather than leaving them in communal areas, had not been considered. These concerns had all been raised at the previous inspection.

People did not always have risk assessments in place relating to significant health needs. One person had not been referred to an external professionals to ensure staff had guidance on how to keep them safe. People were not always protected from risks such as legionella. When people required the amount they drank monitoring, records had not been completed in a way that would enable staff to identify any concerns. No-one had been allocated to monitor these records to ensure people were regularly drinking enough. People's culture and language had not always been reflected in their care plans or how this might

affect the way they wanted to be supported. These gaps had not been identified or addressed as part of the manager's or the provider's quality monitoring system.

The way people and staff talked about the service and the things they were now able to do, showed the culture of the service was changing. People felt more involved and shared with us things the staff, manager and provider had done to make them feel valued and important. However, there were no clear values or aims for the service against which the provider could monitor the performance of the staff team or the culture within the home or staff team.

People now had more opportunities to remain physically and cognitively active and it was clear people and staff were enjoying them. Group and individual activities had been developed according to people's interests and preferences. People told us the food had improved and staff told us there was a lot more choice available now.

People and staff told us there were enough staff to meet their needs and we saw staff had time to spend with people. People's privacy and dignity were respected and people told us they were treated with respect. People now had end of life care plans in place and an end of life 'champion' had been identified who would share best practice with the staff team.

People told us they felt safe using the service. Staff had received training in how to recognise and report abuse and people also had access to information about how to report concerns. People were supported to access healthcare professionals as and when needed.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support they gave. People were supported to maintain important relationships and visitors were always welcome.

Since the last inspection, the provider had added 'dementia' to the list of people they could provide care to. At the time of the inspection, the provider had not admitted anyone living with dementia. However, we looked to see what arrangements they had made to ensure the service was suitable to provide care for people living with dementia.

Following the inspection we issued a proposal to cancel the provider's registration. However, they decided to engage another provider to run the service and they subsequently cancelled their registration with CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People did not always have risk assessments in place relating to significant health risks.

People were not always protected from the risks of cross infection because areas requiring improvement were not all being monitored.

People's risks relating to the environment had still not all been assessed.

People were not always protected from the risk of fire or legionella.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's fluid intake was not recorded in a way that enabled it to be monitored effectively.

The environment was not always looked after in a way that showed people respect.

People received support from staff who knew them well and had received training.

People were supported by staff who had received training in the Mental Capacity Act and who promoted choice whenever possible.

Is the service caring?

Requires Improvement ●

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

Is the service responsive?

The service was not always responsive.

People's needs regarding how they may need information presenting had not always been assessed or recorded.

Care records were written to reflect people's individual needs and were regularly reviewed and updated. However, these did not always reflect people's needs and preferences relating to their culture or nationality.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns.

Requires Improvement 

Is the service well-led?

The service was not well led.

The provider and manager had increased the amount of checks to monitor the service but had not identified the gaps identified at the inspection.

The provider and manager had not used all the information from the previous inspection report to ensure concerns identified were acted upon.

The culture in the service had improved but the provider did not have clear values and aims against which they monitored the service.

Staff were motivated and inspired to develop and provide quality care.

Inadequate 

Norfolk Villa Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 and 27 September 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia.

Prior to the inspection we reviewed the records held on the service. This included the monthly reports submitted by the provider detailing improvements they had made within the service. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with nine people and two visitors. We reviewed five people's records in detail. We also spoke with six staff and reviewed one personnel record and the training records for all staff. Other records we reviewed included the records held within the service to show how the quality of the service was monitored. This included audits, minutes of meetings and policies and procedures.

Is the service safe?

Our findings

At our last inspection in December 2018, we rated this key question as requires improvement. During this inspection we looked to see if improvements had been made.

The provider and manager had responded to some of the concerns raised by the previous inspection. For example, a thermometer and temperature record was now available in the lounge. Whilst some reactive improvements had been made we found additional areas were now requiring action.

People had some risk assessments in place which guided staff what action to take to help ensure the risks to the person were mitigated. However, some people's risks were not assessed. For example, one person had diabetes. Their care plan stated their sugar intake needed to be kept to an 'acceptable level' and that their intake needed to be monitored and recorded on a 'regular' basis. However, there was no further information to guide staff exactly what this meant for this person. There was no risk assessment in place to describe what staff needed to do to reduce the risks relating to diabetes, for example foot or eye damage. Generic information was available about how to recognise hyper glycaemia and what action to take if they showed these symptoms. However, the information available about hypoglycaemia did not include signs or symptoms. The provider's training matrix showed diabetes training was not a course staff were required to complete. The provider told us one third of the staff team had completed diabetes training. As there was not sufficient information available to staff about the person's needs, the risk to the person was increased when supported by staff who had not received related training.

Another person had choked on food 10 months ago. Staff had had to intervene and administer first aid in order to stop the choking. No risk assessment had been put in place to ensure staff knew how to mitigate the risk of choking for the person in the future. No formal referral had been made to seek advice about how to keep the person safe when eating. On the first day of the inspection, we requested that a risk assessment was put in place and that a referral was made for external advice for this person.

Staff told us the manager had asked staff to be in the same room as the person when they were eating but this did not always happen during the inspection. One staff member also explained if staff reminded the person to slow down, they often listened. The person's records did not include this information and staff were not seen to be doing this during the inspection.

Five days after we had raised these concerns with the manager and provider, the person choked again. Staff members had to administer first aid and an ambulance attended. Staff told us this incident had caused distress to the person and other people who had witnessed the incident. A risk assessment had been put in place stating staff must sit with the person whilst they ate; but a referral for external support and advice had not been made. Staff had provided the person some assistance whilst they ate but did not sit with the person throughout the meal.

The day after the person choked (which was also the second day of the inspection), we noted staff were still not following the safety measures in the person's risk assessment and at times the person appeared to be

struggling to eat their meal. We requested that a referral for external support be submitted immediately.

At the last inspection, concerns had been raised because the safety of the environment had not been assessed. At this inspection an environmental risk assessment was in place but we found it was not a comprehensive assessment of all risks in the environment. For example detergent, disinfectant, shampoo and razors had been left unlocked in various locations. No-one had assessed whether this was safe in these locations for the people living in the service.

At the last inspection, concerns were raised about infection control practices, we found at this inspection that some action had been taken but gaps still remained. The manager had completed an infection control management checklist of the whole service and noted where improvements in practice were required. Infection control audits, including hand washing audits were also completed regularly; however not all of the areas identified in the checklist as needing action were being checked in these audits.

At the last inspection we found that there was a strong smell of urine in the home. We found this to be the case in certain bedrooms and in certain areas of the home again at this inspection. Staff confirmed, certain bedrooms often smelled unclean. However, the infection control management checklist stated that the 'fabric of the environment and equipment' smelled clean. The infection control audits shared with us, including one completed by the provider, did not monitor people's bedrooms or check staff understanding of infection control. People told us they saw the home being cleaned regularly and were happy with the cleanliness.

People were not completely protected from the risk of legionella. Whilst some checks were carried out, water outlets that were not regularly used, were not routinely flushed out. This did not reflect infection control best practice as detailed in guidance from the Department of Health.

At the last inspection we found that some aspects of the management of people's medicines required improvement. Some improvements had been made. Audits had been completed and where gaps were identified, staff had been informed, in order to improve their practice. Information available to staff to ensure people could take their medicines safely had improved but was not consistently in place. For example, one person had a medicine for angina and there was minimal detail available to staff about how to recognise the person would need this medicine. This meant the person could be experiencing angina without receiving appropriate support from staff.

Where people took their own medicines, staff were aware of this and in most cases a risk assessment was in place. However, one person had an inhaler in their bedroom which was not described in their care plan or risk assessment. When people took 'as required' medicines, the reason they had taken them and the result, had not been recorded. This meant it would not be possible to review whether the medicine was effective or not.

Staff were appropriately trained in medicine management and confirmed they understood the importance of safe administration and management of medicines. However, one staff member who had not yet been assessed as competent to administer medicines, had administered them one evening without the knowledge of the manager. They had not been aware that they needed to complete a competency assessment first.

A fire risk assessment had been completed. Regular checks were made of firefighting equipment and staff had regular practice of fire evacuations. However, wooden chairs were found to be stored below a flight of stairs close to a fire exit. This could have caused a hazard on the escape route in the event of a fire. The

manager told us they were being thrown out and would be moved by Sunday, (two days later). On the second day of the inspection, the manager confirmed these chairs had now been removed.

The provider had not ensured the safety of the environment had been assessed adequately, they had not ensured infection control had been monitored effectively. The provider had not ensured medicines were always managed safely. The provider had not ensured risk assessments were in place for people's significant health needs or that action was taken to seek further advice where necessary to keep people safe. People were not always protected from the risk of fire.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we had concerns about staffing levels. At this inspection people told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. People told us if they used their call bells, they were always answered promptly. One person explained, "The laundry gets done quick and the girls get on with their jobs getting everything done on time." Staff were not rushed during the inspection but took time to sit and chat with people. The manager told us they were happy to step in and help out, if required. This helped ensure staff could be responsive to people's needs as they arose.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One person's care plans described that they liked to be as independent as possible but that with this came a risk of falls. They had been assessed by a physiotherapist and had also had some of their medicines changed to help reduce the risk of them falling. Another person had been supported to move downstairs following falls. This helped them maintain their independence as they did not need to go up or downstairs.

People told us they felt safe. One person explained, "The staff know I like to walk outside and they come with me, keeping me safe." Occasionally people became upset, anxious or emotional. Staff described how they comforted people at these times. One person explained, "The staff are always busy but give me time, going out of their way, going above and beyond the call of duty. They sort my problems and the manager is very helpful."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. People had access to information about safeguarding and how to stay safe and this had been discussed at a recent resident's meeting. This had helped ensure people understood what safeguarding meant and how they could report concerns. People told us they felt comfortable speaking with staff and told us staff would address any concerns they had.

People and relatives told us they were happy with the way their money was looked after. People told us they felt in control of their money, even if it was stored securely in the office. One person told us, "The staff are good we go somewhere quiet if we are talking about money."

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information.

People were supported by suitable staff. Only one staff member had been recruited since the last inspection. Records showed appropriate checks had been undertaken before they had been able to start working in the

home.

Is the service effective?

Our findings

At our last inspection in December 2018, we rated this key question as requires improvement. During this inspection we looked to see if improvements had been made and found action had been taken but improvements were still required.

At the last inspection we found improvements were required to ensure the decoration of the premises met with people's needs and preferences. At this inspection, people did not raise concerns about the environment. One person told us, "The environment meets my needs. I'm happy." A relative told us, "Its tired looking. It's not the best looking of homes is it?" but added, "They're improving the home all the time and plan to change carpets soon." A plan had been put in place and some action had already been taken. However, simple actions to make the service look homely and show people they were valued had not been taken. For example, a hoist with folded curtains draped over it, a notice board was left on the floor and a stool on a chair in the lounge. Paperwork had also been left over the dining tables. The names on people's doors had still not all been changed to the names of the people using the rooms, even though this had been raised at the last inspection. The manager explained that the old names were difficult to remove, but no attempt had been made to cover them up. A piece of paper on the wall in the hallway gave directions to one person on how to find their room, however the name on their door was incorrect. By the second day of the inspection people's correct names were on their doors.

The provider had not ensured staff treated the environment in a way that showed respect to the people living there.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had added dementia care to the type of service they could provide. At the time of this inspection the environment was not suitable for people living with dementia. The manager told us they would not admit anyone living with dementia until the environment had been changed accordingly.

At the last inspection we identified improvements were required to improve the overall dining experience met people's wishes. At this inspection we found people's dining experience had improved, however, some people required the amount they drank to be monitored, and records were not completed in a way that would enable staff to identify any concerns. Amounts were not recorded accurately, totals of amounts consumed were not calculated for each day, there was no information available about the ideal amount each person should be eating or drinking and no-one regularly monitored the information in the records. The manager told us they looked at these records sometimes. They explained staff would raise with them if they felt someone was not drinking enough. However there was not sufficient information available for staff to know if this was the case.

The provider had not ensured people's risks of dehydration were monitored effectively because records of people's drink intake were not completed or monitored accurately.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the food and the choice available had improved. Comments included, "Excellent food. Very Good", "I like my fruit and I told them about that so now I get offered it" and "It's got better, I had to tell them it wasn't good, but now it's better. A staff member confirmed, "The food has improved here, there's much more choice. People can choose alternatives. What people request we put on the list and the provider gets it. People get whatever they choose. A lot more deserts too!" People told us they were regularly offered drinks and that they could ask for a drink whenever they wanted one and that it would be provided.

The provider regularly cooked the lunch time meal. They knew people's individual preferences for food but still checked with them what they wanted to eat. One person had recently returned home from hospital and had lost weight. The provider had taken care to request specific details about what the person enjoyed eating to help ensure they increased their weight again.

People felt supported by knowledgeable, skilled staff who effectively met their needs. The new member of staff who had begun to work at the service had completed an induction into the service and into their role. The manager told us, "I don't have new staff on the rota until I am happy they know people and their needs well." On-going training was planned to support staffs continued learning and was updated when required. Staff told us they had the training and skills they needed to meet people's needs and could ask for any training they felt they needed. A member of staff told us the manager encouraged them to learn new skills. One person confirmed, "The manager does a good job with training them." Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

The staff team worked well together to ensure information about people's needs was known by those who needed to know, for example other staff members or external professionals. Handover between staff at the start of each shift ensured that important information was shared and acted upon where necessary.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People confirmed they were able to see a GP when they needed to and that staff made the arrangements for them. During the inspection anyone who felt unwell was promptly referred to the relevant healthcare professional. One relative reported how pleased they were to be involved in their family member's healthcare explaining, "I got a phone call saying my relatives tooth had come out and that they had requested to see a dentist as soon as possible. I was busy at the time so management suggested that they took my relative to the dentist. I was very pleased that they could spare the time to do this it very much help me out."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training on the MCA but no-one living at Norfolk Villa lacked the capacity to make every day decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer.

People told us staff always asked for their consent before commencing any care tasks. We observed staff ask for people's consent and give them time to respond at their own pace. People had signed consent forms for various aspects of their care, for example, where their money was kept and where their records were kept.

Is the service caring?

Our findings

At our last inspection in December 2018, we rated this key question as requires improvement. At this inspection improvements had been made but other concerns were identified.

People's diverse and communication needs were not well known by staff. The provider's statement of purpose had recently been updated to include a section on diversity. However, people's individual culture and backgrounds had not always been recorded along with any related needs. One person was not originally from the United Kingdom and spoke little English but staff did not all know what country the person came from or what their first language was. An interpreter had been used in order to support them to understand certain paperwork but no effort had been made to offer them regular access to their first language to enable them to engage with others or to understand day to day meetings and information. Even though this person had lived in the service for a long time, no information about their nationality, culture, their first language or any related needs or preferences were recorded in their care plan. This meant the person was not enabled to have effective control over their support, choices and relationship. As a result this person could become socially isolated. Staff members could not all remember whether they had completed equality and diversity training or what it was about.

The provider had not ensured people's diverse needs were sought, recorded and known and respected by staff members.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection improvements were required to ensure people were always treated with dignity and respect. People told us they were treated with dignity and respect. One person confirmed, "They treat me nicely." The manager reported that they regularly spot checked how well staff were protecting people's dignity and shared any areas for improvement.

People told us their privacy was maintained and that staff maintained confidentiality regarding personal information. Comments included, "When they wash me they make sure no one barges in the bath room", "They come in the mornings knock the door before coming in my room. They also keep the curtains closed", "They make sure that we talk about private matters in a place where we won't be overheard like my bedroom, with the door shut" and "The staff are discreet. They don't talk about my private matters in front of others, they pull me aside and we find somewhere quiet."

People were treated with kindness and compassion in their day-to-day care and spoke highly of the staff. People gave examples of how staff showed they cared. These included, "They know I like a cup of tea when I sit outside and bring me one" and "When it was my birthday I was asked what I would like to eat. I was told I could have anything. I chose a take away and I was so pleased." Relatives also felt people were treated with care commenting, "It's not what it looks like but the caring and atmosphere inside that matters. The staff are very friendly", "My relative had a birthday cake and tea party here it was lovely, everyone said so. Everyone

was allowed to visit, all the family came, young and old" and "It just seems everyone's very kind."

Staff show concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. A staff member explained, "It's the way you talk to people and reassure people when they're upset." One person confirmed, "The staff know I like to have a chat with them. When they have the time they will sit with me and we will talk. They understand me."

Many of the staff working at Norfolk Villa had worked there for a long time and they had built strong relationships with the people that lived there. One person confirmed, "When I've asked the staff to help sort out problems, they have done it." A staff member told us about one person, "I love [...] to bits. We spoil him. We buy him presents as he has no family."

People could maintain relationships with those who mattered to them. Friends and relatives were able to visit without unnecessary restriction. Visitors told us they were always made to feel welcome and could visit at any time. One visitor commented, "I have been asked would I like a cup of tea many times. I don't expect to be asked, it's very kind of the staff. I have also been offered a meal and accepted." A staff member proudly confirmed, "No-one comes in here and says we're not welcome!"

Staff used their understanding of who was important to the person and their life history ensure long distance relationships were maintained or rebuilt. One person told us, "The staff know I like my mobile phone topped up so I can call family. I ask them to get the manager to do it and it gets done for me." A staff member also described how they had contacted the Salvation Army in the hope of contacting a sister one person talked about. They told us the person had cried when they had been reunited with their sister.

People told us, staff listened to them and took appropriate action to respect their wishes. People were given the information and explanations they needed, at the time they needed them so they could be involved in making decisions about their care.

Is the service responsive?

Our findings

At our last inspection in December 2018, we rated this key question as requires improvement. During this inspection found improvements had been made to the opportunities available to people and to their end of life care plans; however not all concerns had been acted upon.

At the last inspection the provider had not considered whether people's care plans were in the right format for them to read and understand. At this inspection the manager told us they were still not aware of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. No policy, processes or training had been implemented to ensure staff understood the framework. People's care plans did not contain information about how people needed information presenting to them, for them to easily understand it. As a result, none of the information in the service, such as policies and menus had been designed taking into account people's individual communication needs. Staff told us they read letters to one person as their sight was poor, but their needs had not been assessed or included in their care plan. Another person whose first language was not English had no details about their first language in their care plan, or their preferences for how information was presented.

The provider had not ensured people's needs regarding the accessible information standard had been assessed or met.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found improvements were required to ensure people had sufficient social activities available to them. At this inspection we found the opportunities available to people had increased vastly and that people, staff and relatives were enjoying the changes. People and staff confirmed the opportunities available in the home had improved and that people chose what to do each day. One person told us, "We get taken out in the mini bus. We have been to Jenny Cliff and Paignton Zoo, some nice places." Another person told us that the best thing about the service was the trips out.

Some activities had been planned around individuals' skills and interests. For example, one person had enjoyed painting an outside area and another person enjoyed calling bingo and had written a quiz for everyone. A relative told us, "When my relative came here I was asked what their interests were and I told the management. They put a tournament on especially for my relative and everyone joined in, even the families visiting their relatives. Everyone really enjoyed it, so now occasionally they repeat that activity. I am so pleased for my relative." Activities had also been used to develop and maintain relationships.

In addition to group activities people were able to maintain hobbies and interests with staff providing support as required to provide personalised, meaningful activities. One person told us, "I like working with wood I have always turned wood. I have a small work bench in my room now." Staff members told us, "I've

taken people out into town and out for a coffee. It's so much better for staff and people. Sometimes we just go out for a walk" and "We took one person to Launceston as she had family there and we went for a pub lunch." Other people had been supported to make scrap books of their life or things they enjoyed. One person's included photos of the cinema they used to go to, photos of pets and family, a map of where they were born and a photo of where they used to live. A staff member explained, "We looked on the internet for photos of important places."

Where known, people's religious preferences were also respected. One person told us, "I like to go to church on Sundays and get collected. I like to be ready so the staff always have me ready on time."

People could influence what was planned for the future. A staff member told us, "Yesterday we asked what they want to do and they want to play bowls today." The manager explained, "We ask people after entertainers have visited, whether they enjoyed them and would like them booking again."

At the last inspection, we found improvements were required to ensure people's end of life wishes had been discussed with them and recorded. People's end of life wishes were now discussed with them and, where possible, documented as part of their care plan. The manager told us, "I try to get people just to give a few details, even if they don't want to discuss everything. I left one person to have a private conversation with their family member to decide what they wanted us to record."

One staff member had been asked to become an end of life champion and would be attending specific training. They told us they enjoyed making sure people had everything they needed at the end of their life and was determined that nobody should be left alone. They explained, "One resident had no family so staff stayed with her for four days and nights. She didn't want to die alone. I made sure I saw it all through to the verification of her death and to the undertaker for her. Following the death of someone else who had lived in the service, their family had mentioned the home in the local newspaper saying, "Special thanks to all the staff at Norfolk Villa Residential Home for all their wonderful care."

People told us staff were responsive to their needs. One person had decided they would like to live in a different area of the country and were being supported to make this happen. They told us, "They are helping me at the moment with all my form filling, I couldn't have done it without their help."

Most people were involved in planning their own care and making decisions about how their needs were met. Most people had care plans that clearly explained how they would like to receive their care, and support, as well as information about their former and present interests, important possessions, significant life events and former occupations. Staff knew this information and could tell us about individuals likes and dislikes. People confirmed, "They take into consideration what I say, my likes and dislikes, and usually get it right. The staff know I don't like to be rushed so they take their time now" and "They go out of their way to get it right here." Staff interaction with people was based on topics they knew people were interested in. One staff member told us they had spent a long time talking to a person about their former place of work as the staff member's family also worked there. The person enjoyed hearing about different people they had known.

People were now being given more choice. This was particularly evident regarding the décor of the home and the activities and opportunities available to people. One person told us, "When we all talked about the colour to paint the lounge we voted on it." Other people told us they had choice regarding how they spent their days, for example, when they got up and what, where and when they ate. One person explained, "I told them I want to wake up at 8am and they do that."

The service had a policy and procedure in place for dealing with any concerns or complaints but had not received any complaints recently. The manager had taken time at a recent resident's meeting checking everyone was happy with their care and reminding people to raise any concerns they have. Any ideas, concerns or suggestions raised at the time had been dealt with. One person confirmed, "Never had to complain. The staff have asked me if I'm happy and they sort everything on a daily basis." Staff members thought people would feel confident raising any complaints they had. One staff member told us, "I hope people feel comfortable raising complaints. They're our bosses!" People told us they didn't have any complaints about the service. Comments included, "I can't complain at all", "I've never had to complain, they're as good as gold here", "No never had to make a complaint they're too good here for that!"

Is the service well-led?

Our findings

At our last inspection in December 2018, we rated this key question as Inadequate. At this inspection we found improvements were still required.

At our last inspection improvements were required to the action taken to improve the service, particularly relating to its quality and safety and the environment. Following the last inspection the provider was required to submit monthly reports to the commission detailing what action had been taken to improve the areas where breached of regulation had been found. We found that these reports did not always reflect the information we found during the inspection.

During this inspection we found some improvements had been made but concerns remained. For example, regular checks on infection control were being made, however these had not been based on an assessment of the infection control risks in the service. An environmental risk assessment was in place but had failed to identify the risk of leaving cleaning products and toiletries unattended in the home, despite this being highlighted at the last inspection. Monitoring to improve the odour in the service had also not been completely effective, the names on people's doors had still not all been updated to the correct name and the environment was not always looked after in a way that showed people they were valued.

At the last inspection improvements were required to the provider's monitoring of the service and their understanding of the regulations which underpin the running of the service. During this inspection we found the provider had not fully understood or effectively fulfilled their responsibility to ensure they monitored the service effectively, identified gaps and took action to make enough improvements.

They had not monitored work delegated to the manager or deputy manager in an effective way. They told us they were always up to date with changes in the service as they were in the home for at least five days a week and spent time talking with people, staff and the manager. They told us they were also involved in the monthly report submitted to the commission detailing improvements that had been made. However, the most recent report had not identified the concerns we found during the inspection. It stated people's care records were reviewed and up to date and people's food and fluid charts were mostly being completed well. We found this was not always the case.

The manager had increased the checks they completed to monitor the quality of the service. There was a programme of the audits required to monitor the service, detailing when they needed completing. For example, an audit of the premises had identified areas that needed attention. Some of these had been actioned and there was a plan to complete the others. One staff member told us, "The manager checks everything, asks who did what, checks forms, medicines and daily notes. Any changes are then shared with the staff team." They confirmed they thought standards were improving as a result. However, the manager had failed to identify the concerns we found during the inspection, even though some of these concerns had been raised at the last inspection.

The manager and provider had not always learned from experience to improve the service. For example,

concerns raised during the last inspection, such as assessing and monitoring infection control and environmental risks, medicines management and the odour in the service had not been effectively resolved. They had also not improved their implementation of the accessible information standard, despite this being a recommendation in the previous inspection report. During the inspection despite us raising concerns about the risks to one person when eating, five days later a referral for external support had not been made. The manager and provider had not monitored the support the person was receiving to ensure it complied with the risk assessment and reduced the risk to the person. Following the inspection, the provider shared with us an updated copy of the report. Most of the actions identified in the inspection had been included but not all. For example, there was no action to improve the way people's food and fluid intake was recorded and monitored and no action to ensure one person who had diabetes, had an appropriate risk assessment in place.

At the last inspection, improvements were required to the culture of the home. At this inspection we found improvements had been made but found the provider had not provided clear values or aims they expected the staff to meet in their everyday work. This was evident when talking to staff members who told us they were not aware of any values or aims for the service. They also told us that although the atmosphere in the home had improved, the atmosphere in the staff team was not always positive which made teamwork difficult at times. The lack of vision and values meant the provider could not monitor or improve the culture of the service against identified aims.

The provider had not ensured they had fully understood their role and responsibilities as provider or taken sufficient action to monitor and improve the service. The provider had not always learned from experience to ensure the service improved. They had not monitored the culture of the service against any clearly defined aims or values.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff spoke positively about the way the manager interacted with them and the whole home felt more lively and engaged. The manager was keen to maintain the atmosphere in the home. People already living in the home were considered when people who wanted to move into the home were assessed. The manager told us, "I look at how it will impact on people already living in the home." One person told us, "We all get on well."

A manager was responsible for the day to day running of the home and was supported by the deputy manager. The provider was still very involved in the daily life of the home and knew people well. However, they had decided to take a step back from the daily running of the home and were enabling the manager to take on this role.

People told us they thought the service and the staff team were well managed. One person commented, "The manager he's as good as gold. He runs the service well." The manager told us their aim was to upskill staff and put strong processes in place so that the service ran smoothly even when they were not present. The manager told us staff were now involved in updating people's care plans and that staff were expected to support people, if required, when healthcare professionals visited them, rather than the manager themselves. One staff member told us, "He encourages us to do things and to ask if there's a problem."

Staff confirmed they felt empowered to have a voice and share any opinions and ideas they had. A staff member told us, "The manager is responsive to what we ask for." They explained staff members had suggested a new summary in the front of people's files and a mobile phone to make dealing with

emergencies easier. This had been implemented. Staff also told us they felt valued and supported by the manager. One staff member told us, "If you've got a good manager you're half way there. Sometimes you don't feel great but the manager will praise us and that makes you feel better." They went on to explain how important it had been to them that the manager had supported them with their own health issues saying, "He says we just want you to be healthy."

People now had more opportunity to share their views about the home and any improvements they would like. The provider, manager and staff regularly spent time talking with people and ensured any requests were acted upon. One person told us, "We gather in the lounge and have discussions if there's going to be any changes made and then we all vote on it."

The manager continued to increase their own knowledge, by attending relevant courses and forums. They told us, "I regularly attend the local dignity in care forum. I have learned something from every forum I have been to." They explained they had tried out an activity recommended at the forum and people had particularly enjoyed it, so this had become a regular activity in the home.

Since the last inspection, the provider had added dementia care to the type of service they could provide but had not yet admitted anyone living with dementia to the home. At the time of this inspection the environment was not suitable for people living with dementia. The manager told us they would not admit anyone living with dementia until they were satisfied the environment had been amended appropriately. They had some ideas about what changes were required but there was no clear action plan in place. On the second day of the inspection, the manager reported they had made an appointment with a professional who would advise them on how to make the environment dementia friendly. Staff had received training in dementia care.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 (1), (3) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had not ensured people's diverse needs were sought, recorded and known and respected by staff members.</p> <p>The provider had not ensured people's needs regarding the accessible information standard had been assessed or met.</p>

The enforcement action we took:

We issued an Notice of Proposal to cancel the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had not ensured staff treated the environment in a way that showed respect to the people living there.</p>

The enforcement action we took:

We issued a Notice of Proposal to cancel the providers registration.

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>Regulation 12 (1), (2) (a), (b), (c), (d), (g), (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had not ensured the safety of the</p>

environment had been assessed adequately, they had not ensured infection control had been monitored effectively.

The provider had not ensured medicines were always managed safely.

The provider had not ensured risk assessments were in place for people's significant health needs or that action was taken to seek further advice where necessary to keep people safe.

People were not always protected from the risk of fire.

The provider had not ensured people's risks of dehydration were monitored effectively because records of people's drink intake were not completed or monitored accurately.

The enforcement action we took:

We issued a Notice of Proposal to cancel the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1), (2) (a), (b), (c), (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had not ensured they had fully understood their role and responsibilities as provider or taken sufficient action to monitor and improve the service. The provider had not always learned from experience to ensure the service improved. They had not monitored the culture of the service against any clearly defined aims or values.</p>

The enforcement action we took:

We issued a Notice of Proposal to cancel the providers registration.