Norfolk Care Homes Ltd

Iceni House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 11 and 20 February 2015 and was unannounced. Iceni House is a residential care home providing personal and nursing care and support for up to 74 older people, some of whom may live with dementia.

The home had a registered manager who has been in post since 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and that staff supported them in a way that they liked. Staff were aware of safeguarding people from abuse and they knew how to report concerns to the relevant agencies. Individual risks to people were assessed by staff and reduced or removed.

Summary of findings

There were usually enough staff available at most times to meet people's needs. However, there were times when people had to wait for care.

Medicines were safely stored and administered, and staff members who administered medicines had been trained to do so.

Staff members received other training, in a variety of formats, which provided them with the skills and knowledge to carry out their roles. Staff received support from the manager, which they found helpful, although they did not always have the opportunity to discuss individual performance needs.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was not meeting the requirements of DoLS. The manager had not acted on the requirements of the safeguards to ensure that people were protected.

Staff members understood the MCA and presumed people had the capacity to make decisions first. However, where someone lacked capacity, best interest decisions to guide staff about who else could make the decision or how to support the person to be able to make the decision was not easily available.

People enjoyed their meals and were given choices about what they ate. Drinks were readily available to ensure people were hydrated.

Staff members worked together with health professionals in the community to ensure suitable health provision was in place for people.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated.

People's needs were responded to well and care tasks were carried out thoroughly by staff. Care plans contained enough information to support individual people with their needs.

A complaints procedure was available and people were happy that they did not need to make a complaint.

The manager was supportive and approachable, and people or their relatives could speak with him at any time.

The home monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible. There had been a recent change in provider and we were not able to look at how well the home was run over a period of time. We will look at this at our next inspection.

We have made a recommendation about staff supervision.

Summary of findings

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.

People were usually supported by enough staff to meet their needs and to keep them safe, although there were occasions when people had to wait.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines were safely stored and administered to people.

Good

Is the service effective?
The service was not always effective.

Staff members received enough training to do the job required.

The manager had not acted on recent updated guidance of the Deprivation of Liberty Safeguards and staff did not have easy access to mental capacity assessments or best interest decisions for people who could not make decisions for themselves.

The home worked with health care professionals to ensure people's health care needs for people were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Requires Improvement

Is the service caring?
The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they wanted it.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good

Is the service responsive?
The service was responsive.

People had their individual care needs properly planned for and staff responded quickly when people's needs changed.

People were given the opportunity to complain, although no complaints had been made.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement. Actions had been identified and addressed these issues.

Staff members and the manager worked with each other, health care professionals, visitors and people living at the home to ensure there was a high morale within the home.

Iceni House

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.

This inspection took place on 11 and 20 February 2015 and was an unannounced inspection.

The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider. For example, notifications that the provider is legally required to send us and information of concern that we had received.

During our inspection we spoke with five people who lived at the home and three visitors. We also spoke with five staff, including care and nursing staff, and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We completed general observations and reviewed records. These included four people's care records, staff training records, seven medicine records and audit and quality monitoring processes.

Good

Is the service safe?

Our findings

People and their relatives told us that there were usually enough staff available and most people said that they did not have to wait for attention from staff members. However, one person's visitor said that their relative had to often wait for help. They told us that the person had had to wait for two hours for help to go to bed when returning late one evening.

Staff members told us that there were usually enough staff members on duty and that staff shortages were covered by existing staff members. They told us that they were able to get help from other areas in the home for short periods of time but had difficulty in getting agency staff at short notice. The use of agency staff members had been reduced since the new provider took over the home and this had sometimes resulted in low staffing numbers if existing staff members had been unable to cover. The provider's representative told us that the use of agency staff had not been reduced and provided evidence to show this. Information showed that the home was staffed according to the manager's assessment of people's care requirements. They also advised that a review of staffing levels had identified an over-staffing practice at some times and under-staffing at other times, for which agency staff were used to increase numbers.

Visitors told us that they had not noticed a reduction in the number of staff available. During both days of our inspection we found that the first floor was quiet and there was an unhurried, calm atmosphere. The ground floor was busier and there were staff members in attendance at all times. Staffing levels on both days of our inspection was at the level determined by the manager as sufficient to meet people's needs.

People and their relatives told us they felt safe living at the home. Staff members told us they understood what abuse was and how they should report any concerns that they had. There was a clear reporting structure with the manager responsible for safeguarding referrals, which staff members were all aware of. There were written instructions to guide staff and they knew where these were kept. Staff members had received training in safeguarding people and records we examined confirmed this.

We saw during our visit that some people who lived in the home displayed behaviour that might upset others. Staff members were able to describe the circumstances that might trigger this behaviour and what steps they would take to keep other people within the home safe. We observed one incident where staff members dealt with an on going situation in a way that reduced tension for the person involved. Care records showed that there was enough guidance about this and we saw that there was adequate information regarding actions staff members should take. Training records showed us that all staff members had received training in managing this type of behaviour within the previous six months.

Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as; malnutrition, behaviour, medicine management, and moving and handling. Each assessment had clear guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed.

Servicing and maintenance checks for equipment and systems around the home were carried out. We saw that fire safety equipment had been checked and serviced within the last 12 months and that staff members had received training in fire safety as well as practising fire evacuation and drills.

We found that the arrangements for the management of people's medicines were safe. They were stored safely and securely in locked trolleys and storage cupboards, in a locked room. The temperature that medicines were stored at was recorded each day to make sure that it was at an acceptable level to keep the medicines fit for use. We saw that medicines kept in the fridge, such as eye drops, had the date they were opened written on the box but not on the bottle itself. There is a possible risk that medicines may continue to be used after the recommended timeframe if the medicine bottle was separated from its box.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as was intended by the person who had prescribed them. For those people who did not receive their medicines, there was a code given to show the reason for this. However, in one area of the home, the code did not

Good

Is the service safe?

always have a description associated with it, which meant that not all staff would know the reason the medicine had not been given. Where people were prescribed nutritional feeds or took their own medicines, we found that there was clear guidance for staff on supporting people and on the feed regime, actions they should take to ensure the feeding tube remained open and when giving medicines.

Staff members had received medicines training. We observed two members of staff giving out medicines. This was done correctly and in line with current guidance which was in place to make sure that people are given their medicines safely. We could therefore be assured that people were given medicines in a safe way to meet their needs.

Requires Improvement

Is the service effective?

Our findings

The provider was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The staff and manager were aware of DoLS, although staff members did not have an understanding of a clarification of the legislation by the Supreme Court in March 2014, or when they needed to apply for authorisation if they had to deprive someone of their liberty. Entry doors to the main unit and all external doors were locked and people did not have free access outside the home without a staff member. The manager confirmed that there had only been two DoLS applications made, despite other people living at the home whose liberty was restricted. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt they had the skills and training to carry out their roles, although not all staff members had received individual supervision meetings with their line manager. Where supervision meetings were available, these were infrequent. One staff member told us that they had support from the manager but had never been offered an individual supervision meeting. Another staff member who had received individual supervision told us that they also attended staff meetings. However, they were aware that not all staff members received individual supervisions and this meant that they could not always raise issues they had or discuss their work. The manager was aware of this and intended to increase the number of supervision sessions made available to staff members.

The manager and staff provided us with clear explanations of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions for as long as possible. Staff members we spoke with told us that they had received training in this area and we saw evidence of these principles being applied during our inspection. All staff were seen supporting people to make decisions and asking for their consent.

However, we saw that mental capacity assessments were not available in care records to show staff which decisions people were not able to make for themselves. We spoke with the manager about this and were advised that mental capacity assessments and best interest decisions were all kept in the manager's office. This meant that staff did not have easy access to this information and there was insufficient immediate guidance for new or inexperienced staff members if people continually declined help and what they should do in the person's best interests.

Staff members told us that they had received enough training to meet the needs of the people who lived at the service. They said that most training was through e-learning (by computer), with additional support given for practical areas, such as moving and handling. The home had a staff member who was qualified to give this additional training and another staff member who was a 'dementia champion'. For areas of specialist need, such as nutritional feeding through a tube into a person's stomach, staff members received training from specialist nurses. They also told us that they and other staff were supported by the provider to undertake national qualifications in care.

We checked staff training records and saw that they had received training in a variety of different subjects including; infection control, manual handling, safeguarding adults, fire safety, and dementia care. We observed staff members in their work and found that they were consistently tactful, patient and effective in reducing people's anxiety, behaviour that may upset others or in delivering care. One staff member told us about the training they had received in caring for people who received nutrition through a tube into their stomach and how this ensured that the tube did not become blocked, infected or become dislodged.

People were provided with a choice of nutritious food and drink, although staff members did not show people the choices available if they were not able to decide. We observed most people enjoying the food that they ate. Staff offered people food that they liked and prompted them to eat and drink when necessary. However, after one person had said they did not want to continue with their meal, a staff member encouraged them to do so, but did not offer any alternative to the chosen dish. Records showed that where the service had been concerned about people who had lost weight, they had been referred for specialist advice. Some people had been provided with a more specialised diet, such as a puree diet as a result of this advice. The amount of food and drink being consumed by these people was being recorded to ensure they received as much food as they needed to maintain or increase their low weights.

We also saw that most staff members adapted their support to each person. For example, staff members sat

Requires Improvement

Is the service effective?

with people on a one to one basis, which provided that person with individual attention. However, two staff members did not sit with people, which meant that they were standing over the person they helped and they were not able to provide eye to eye contact or other non-verbal encouragement. Staff members asked people if they were ready for more food before offering this and described people's meals to them. People were able to use the utensil of their choice and there were plate guards available if these were required.

One person's visitor told us that their relative was always referred to their GP very quickly if this was needed. There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. People saw specialist healthcare professionals when they needed to. One person had been referred to a community physiotherapist to help with their mobility. Other people's records showed that they had been referred to their GP, the local hospital outpatient department and subsequently to a speech and language therapist for advice and treatment. We saw that hospital passports had been completed in people's care records. This is a short form that people take to hospital with them that describes to hospital staff how the person likes to be cared for, their preferences and care needs.

We recommend that the service consider current guidance about staff supervision to ensure staff members are adequately supported to carry out their roles.

Good

Is the service caring?

Our findings

All of the people we spoke with were happy with the staff members and the care they received. One person said, "All the staff are so friendly and willing to do anything for me". During our conversation with this person two staff members came into the person's room to say hello, ask how the person was and whether they needed anything. All of the visitors that we spoke to told us that the staff were kind, caring and compassionate. They all said that staff did as much as possible in caring for their relatives and one person's relative said that staff could not do any more for their parent. Another visitor commented that they felt as if they had landed on their feet when they found the home for their relative.

During our inspection we heard and observed laughter and most people looked happy and contented. They were relaxed with the staff who were supporting them. We saw that the atmosphere was one of fun and enjoyment. Conversations with people were kind, respectful and appropriate explanations were provided when people needed these. We heard people being offered choices and we saw how people were encouraged to express their decisions. People were included in all discussions with staff whenever they were present, they were allowed time to reply in their own way.

Staff members made eye contact with people and crouched down to speak to them at their level so not to intimidate them. We observed staff communicating with people well. They understood the requests of people who found it difficult to verbally communicate. When asked, staff members demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so that they were able to respond to these.

We observed staff respecting people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and knocked on people's doors before entering their rooms.

There was information in relation to the people's individual life history, likes, dislikes and preferences. Staff were able to demonstrate a good knowledge of people's individual preferences.

People were encouraged to be part of the community. Some people attended the church service that regularly took place in the home. The home had also started a monthly dementia friendly coffee morning for people living there and had invited people from the wider community to join them.

Staff involved people in their care. We observed them asking people what they wanted to do during the day and asking them for their consent. People were given choices about what to eat, drink and where to spend their time within the home. We observed that staff members watched people while we were speaking with them and on one occasion a staff member broke off our conversation to remind a person about their need to use a walking aid. Staff members told us that where possible people were involved in reviews of their care, although these were not well recorded in people's care records.

Relatives told us that they were involved in their loved ones care. One visitor told us that they were always contacted if their relative needed to be referred to a health care professional. Another visitor told us that all staff members came into their relative's room for a chat and to update them on any changes. They said that they were always invited to reviews of their relative's care.

Good

Is the service responsive?

Our findings

People living in the home and the relatives we spoke with told us the manager and staff were approachable, listened to their concerns and tried to resolve them. All of the people we spoke with said that they had never had to make a complaint. One visitor told us that they thought their relative was cared for very well and was completely safe at the home, they had never had any concerns about this.

The care and support plans that we checked showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, medicines management, communication, nutrition and with mobility needs. There was information provided that detailed what was important to that person, their daily routine and what activities they enjoyed. However, we noted that not all information identified in reviews of plans was then also written in care plans. Staff members were aware of the information in the reviews, although there was a risk that it would be lost when the review form was archived.

We observed that staff were responsive to people's needs. They provided them with drinks when people indicated that they were thirsty, food when it was requested and provided personal care in a timely manner. Staff members described the needs of people they cared for and what they needed to do to make sure people were helped properly to meet their needs. We looked at one person's care records and found that staff members had carried out the actions, such as repositioning the person, giving them food and drink, and getting them out of bed as described in the person's care plans. Although the person needed help from staff for all of their care needs, these had been completed appropriately and ensured that the person had not lost weight or developed pressure ulcers, even though they spent a long time in bed.

People had access to a number of activities and interests organised by a designated staff member. This included events and entertainment, visiting local community resources for small groups, or time with people on an individual basis. Staff told us that although a programme was available, activities were flexible, depending on how people were feeling and what they wanted to do. On the two days of our inspection we saw that planned activities were available on each floor on alternate days. A staff member had told us that people on the first floor were less likely to move around the home to attend activities, so they brought these to the first floor.

Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. Records were kept that confirmed this and we saw that people regularly saw friends and relatives. One person told us about a specific mobile telephone that their relative had purchased so that they could keep in touch, although they were not sure how to use it. They went on to say that staff members would help them do this if they asked. A visitor told us that they visited nearly every day to keep their relative company and were always welcomed by staff.

Staff members told us that information was available for people if they wanted to make a complaint. They felt that visitors knew how to raise concerns and complaints and that they would either speak with a staff member or the manager.

A copy of the home's complaint procedure was available in the main reception area and provided appropriate guidance for people if they wanted to make a complaint. The service had received no complaints since the new provider had taken over.

Good

Is the service well-led?

Our findings

The home had a recent change in provider, with the new provider taking over in January 2015. The registered manager has been in post since August 2011. Visitors to the home told us that they had not been made aware that there had been a change of provider and had not noticed any difference or change in care to their relatives during that time. The provider had started to notify people and their relatives about this change.

During our observations, it was clear that the people who lived at the home knew who the manager and all of the staff who were supporting them were. Staff spoke of the support provided by the whole staff team. They told us they worked well as a team and supported each other. One staff member said that morale in the home was generally good and that they usually all got on well. This was noted when help was needed in various areas in the home. They knew what they were accountable for and how to carry out their role. They told us the manager was approachable and that they could rely on any of the staff team for support or advice.

We saw, on one day of our visit, that a person in one part of the home needed urgent attention. Nursing staff from another part of the home visited the person together with staff that the person knew well and worked together to ensure the person received the medical attention they required.

Staff said that they were kept informed about matters that affected the home through team meetings and talking to the manager regularly. They told us about staff meetings they attended and that the manager fed back information to staff who did not attend the meetings. The most recent staff meeting minutes were available and detailed changes to the provider and within the home. Included in this was a greater budget for activities for people and external trips, which had been identified as needing improvement. This ensured that staff knew what was expected of them and felt supported.

Several staff members told us that the manager had an open door policy, was visible around the home and very approachable. We observed this during our inspection. Staff were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues.

The manager told us that they worked in a friendly and supportive team. They said that the provider promoted a culture where people, staff and their relatives could raise concerns that would be listened to and dealt with. They told us that they felt supported by the management team and felt confident that any issues raised would be dealt with.

No formal questionnaires had been sent to people or their relatives due to the short length of time since the new provider (owner) had come into place. However, the process to gather people's views about the service they received had started. Five surveys had been sent out on a random basis to people or their relatives in February 2015, no responses had been received at the time of inspection. The manager stated that all relatives had been invited to the initial meeting and further meetings were planned to continue to involve people's family in the running of the home. The provider had taken account of comments made in previous questionnaires and developed a plan to improve activities in and out of the home.

The manager completed audits of care records, health and safety, and catering areas amongst other areas. We saw that audits for January and February 2015 had been completed and that actions to resolve the issues identified had been developed and addressed. For example, the security of external bins used by kitchen staff, which had been made secure to reduce the risk of attracting animals. A statistical report was completed by each area of the home every day with different information, such as accidents and incidents. These were passed to the manager for collation and analysis for trends and themes every three months. However, we found that the information on the form regarding falls would not provide adequate detail to ensure themes and trends could be properly identified.

The provider's representative visited the home every week to check on how the home was running and that audits were carried out each month. As the provider had only started these visits recently, limited information was available for assessing and monitoring purposes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **People who use the service were not protected against the risk of unlawful deprivation of liberty. Regulation 13.**