Norfolk Care Limited

The Close

Inspection report

The Close Residential Home
53 Lynn Road, Snettisham
Kings Lynn
Norfolk
PE31 7PT

Tel: 01485540041
Website: www.norfolkcare.com

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27 January 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Close is a residential care home which was providing accommodation and personal care to 25 people at the time of the inspection. The service can support up to 30 people. The service accommodates people in an adapted period building, with some accommodation being in a newer wing on the ground floor. There are communal spaces and secure gardens for people to enjoy.

People's experience of using this service and what we found
One risk relating to broken electronic keypads on external doors and doors to stairways, had not been fully assessed and robustly reduced. Information about this risk had not been effectively communicated to all staff. This placed people at potential risk of harm in the event of a fire.

Other risks were assessed, and clear actions were in place to reduce them. Medicines were well managed. Staff had a good understanding of safeguarding procedures and knew how to report abuse should they suspect it. There were enough staff to meet people's needs. Four staff were working without the required vaccinations for COVID-19. The provider had shared this information with the Care Quality Commission prior to our inspection and had a plan in place to address this. Staff were safely recruited, well trained and received a good induction.

Oversight of the service was mostly very good. There were effective audits in place to monitor quality and safety. The provider acknowledged that they should have had better communication with staff to share information about the broken keypads. They have since put new communication systems in place.

This service was placed in Special Measures in 2017 and has, over time, been working hard to bring about the required improvements. We noted significant improvements. However, we identified a continued breach of regulation 12 (safe care and treatment) relating to fire safety. We also identified a breach of Regulation 12(3), but the Government has announced its intention to change the legal requirement for vaccination in care homes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 4 September 2019.)

The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found the provider remained in breach of regulation 12 (safe care and treatment) but had made improvements and was no longer in breach of regulation 17 (good governance). An additional breach of regulation 12 (3) has been identified following this inspection.

This service has been in Special Measures since 11 October 2017. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
The inspection was prompted in part by information received from the provider which stated that staff were continuing to work despite being unvaccinated for COVID-19 infection. A decision was made for us to inspect and examine any risks this may pose.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We inspected and found there was a concern with an aspect of fire safety so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well-Led.

We have found evidence that the provider needed to make improvements relating to fire safety. They immediately put plans in place to reduce the risks we identified relating to fire safety and ensure future risks were reduced. The provider had already taken action to reduce risks posed by unvaccinated staff. Please see the safe section 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 The Close on our website at www.cqc.org.uk.

Enforcement
We have identified a breach in relation to fire safety and failure to meet COVID-19 vaccination requirements at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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? Further information is in the detailed findings below	**Requires Improvement**
Is the service well-led? Further information is in the detailed findings below.	**Requires Improvement**

The Close

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.

On 10 January 2022 we carried out a targeted inspection looking at the infection prevention and control measures the provider had in place. This included reviewing how the provider was meeting COVID-19 vaccination requirements, as they had informed us that some staff had not been vaccinated and they were continuing to employ them. During the targeted inspection we confirmed that unvaccinated staff were working, and we identified a further concern relating to risk management. For this reason, we took the decision to broaden the scope of our inspection and we returned for a second day on 24 January 2022 to carry out a focussed inspection looking at the Safe and Well-Led key questions.

Inspection team
The inspection on 10 January 2022 was carried out by one inspector and two inspectors carried out the second day on 24 January 2022.

Service and service type
The Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced on 10 January, but we gave the provider one day's notice of the second day of inspection.

What we did before the inspection
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 also contacted the local authority quality team and asked for feedback about their recent inspection of the service.

We used all this information to plan our inspection.

During the inspection
We were unable to speak with any people who used the service. The service was experiencing an outbreak of COVID-19 at the time of our inspection and most residents were isolating in their own rooms. In addition, some people were living with dementia and were unable to speak with us easily. We spoke with three relatives to gain feedback on their family member's care. We also spoke with four members of the care staff, three members of the domestic staff, the activities co-ordinator, the chef, the registered manager and the provider.

We reviewed a range of records. This included four people's care plans and three people's medication administration records. We looked at one person's recruitment and induction folder. We also reviewed a variety of other records and audits relating to the safety and quality of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included looking at training data, COVID-19 testing records for staff and rotas.

Requires Improvement

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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to appropriately assess and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although significant improvements have been made the provider was still in breach of regulation 12.

●On arrival at the service the registered manager told us that the electronic keypads which secure the front door and doors to the stairways, were not working. They had been informed about this the previous day and were waiting for an engineer. They had instructed staff to fit temporary combination padlocks to these doors. Information about this was not clearly communicated to staff and three staff we spoke with were unable to tell us the number to the combination padlocks. This posed a risk to people should they need to leave the service in the event of an emergency. The new doors into the visiting room, although not a designated fire door, could have been used to exit the building but the key was not kept in that room.

The additional fire risks the presence of combination padlocks posed had not been fully assessed. Actions taken to mitigate risks had not been effectively communicated to staff. This constituted a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Whilst we were onsite the provider removed some of the locks and put a plan in place to increase monitoring of the areas where they remained. Notices were placed for staff to ensure they had the required code should people need to be evacuated in an emergency. The keypads were repaired the day after our inspection visit and additional checks put in place overnight for the people supported.
●We noted that some personal protective equipment (PPE), such as gloves and hand sanitiser, was not being stored securely. The provider assured us nobody at the service was likely to be at risk from ingesting these items or choking on them. However, they have given us assurances that more suitable storage has been sourced.
●Other risks, such as those relating to people's mobility, choking and pressure sores were very well documented Staff were very clear about how to reduce these risks. Records were comprehensive and monitoring of those people at risk of losing weight or falling was good. Falls and pressure sores had reduced over time due to the support people received.

Preventing and controlling infection

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service did not have effective measures in place to make sure this requirement was being met, but the Government has announced its intention to change the legal requirement for vaccination in care homes.

- The provider confirmed five full time staff had not received the COVID-19 vaccination. One was a new member of staff and, by the second day of our inspection, they had received the first dose of the vaccination. The other staff had refused it.
- The provider had already informed CQC about this matter and had been open and honest with the people who used the service and their relatives. The additional risk this could pose had been assessed and action taken to mitigate it. Each staff member wore the required PPE, carried out three PCR tests a week and daily lateral flow tests. The provider had assessed this risk as lower than that posed by the reduction in the workforce should these experienced staff have all leave the service.
- The four unvaccinated care staff were all longstanding and experienced members of staff and, despite trying, the provider had been unable to replace them. However, they had plans in place to address this by April 2022 using a different recruitment method and recruiting staff from overseas.

This constitutes a breach of regulation 12 (3) of The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 (safe care and treatment,) but the Government has announced its intention to change the legal requirement for vaccination in care homes.

- On both inspection days inspectors were asked to provide evidence of their vaccination status. Visiting professionals and tradespeople were also asked to provide this evidence in line with current government guidelines. This process was confirmed by the registered manager and we saw evidence this was taking place.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, there was no record of the cleaning of frequently touched points, such as doorknobs and handrails, outside the domestic staff hours. Care staff told us they were expected to do this. Following our inspection, the provider put a checklist in place to clarify and record this additional cleaning.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The service was experiencing an outbreak of COVID-19 infection at the time of our inspection and this was being very well managed. Staff were clear about their responsibilities and people were being supported to isolate, where necessary.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

A designated visiting room, with an external exit, has been created downstairs. There was still enough downstairs space for people and an additional lounge area had been created by adding a glazed extension with excellent ventilation.

Relatives were happy with the way visiting was arranged and said the provider kept them informed about the processes in place. All family members we spoke with felt visiting was conducted safely and were very supportive of the provider's approach. No visiting was taking place at the time of the inspection due to the COVID-19 outbreak.

Systems and processes to safeguard people from the risk of abuse

● There was a safeguarding policy in place. Staff understood how to spot the signs and symptoms that might indicate someone was being abused. Staff knew how to report suspected abuse within the organisation and externally, to the local authority, for example. Staff had received training in safeguarding.
● Safeguarding incidents were reported appropriately and the provider carried out investigations into any safeguarding incidents as required.

Staffing and recruitment

●There were enough staff to meet people's needs promptly and staff had received appropriate induction and further training. Staff were knowledgeable about people's needs and health conditions.
●Recruitment records showed that staff were recruited safely and references and Disclosure and Barring Service (DBS) checks were in place to make sure people were suitable for the role.
● There was a plan in place to gradually replace the four unvaccinated staff with newly appointed staff, some following local advertisement and some from overseas. This was intended to be a gradual process so as not to impact negatively on people's care.

Using medicines safely

● Medicines were well managed and each person's medicines administration record (MAR) contained key information about people's medicines, including how they liked to take them.
● Medicine records were complete and accurate. Controlled drugs were well managed and stock control was good.
● Medicines were audited each month, and any issues were immediately addressed and followed up by the registered manager.
● Staff received appropriate training and had their competency to administer medicines spot checked to monitor their approach.

Learning lessons when things go wrong

● The provider had an ongoing service improvement plan in place and reviewed accidents and incidents. A recent audit by the local authority quality team had rated the service good overall but had noted some areas for improvement, including medicines administration. We found that the provider had reflected on their findings and introduced new systems and processes which had brought about improvements.
●Following the concerns we raised over the combination padlocks and the unclear handover to staff about this, the provider immediately reviewed the actions taken and put a new system in place for any future issue. They acknowledged their initial response had not been robust.

Requires Improvement

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 inadequate. At this inspection the rating has changed to requires improvement. This meant that although we found significant improvements, 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.

At our last inspection we identified that the provider had failed to ensure there was an effective system to audit care and assess and monitor risk. This was a breach of regulation 17 (Good Governance.). At this inspection, although we found one instance where risk had not been effectively assessed and monitored, we found the provider was no longer in breach of this regulation.

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

- There was a registered manager in post, and they worked very closely with the provider as a management team. Both had worked together for many years and covered staff absence when needed to maintain consistency for the people who used the service.
- On one occasion we found that key information about the faulty electronic keypads had not been conveyed effectively to all staff by the management team. They acknowledged this failing and addressed this issue as soon as we raised it by creating an additional communication channel. They told us they hoped that the new electronic care records and handovers they had already begun to trial, would further help with the flow of key information in future.
- Other risks were assessed, and actions to mitigate these risks were clearly identified in individual care plans and communicated to staff.
- Staff were clear about their roles and responsibilities and were positive about the way the service was managed.

Continuous learning and improving care

- The provider used a variety of checks and audits to ensure staff were carrying out their roles safely and effectively. Audits were of good quality and followed up on previous findings to ensure improvements were sustained over time. Audits included health and safety, medicines administration, handwashing and infection control and call bell response times.
- The provider took advantage of local good practice networks to share and increase knowledge and gain support.
- The service has been in special measures since 11 October 2017 and submits a monthly report to CQC documenting significant incidents and accidents and identifying actions taken. These reports have been received on time each month and are of good quality. They have demonstrated progress being made in all areas over this time.

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

●Staff were supportive of the provider and registered manager. They told us the culture was open and they could raise issues and make suggestions. Staff received regular supervision and told us this gave them the chance to give feedback.

●There were regular staff meetings, although recent ones had been cancelled due to staff illness and a COVID-19 outbreak. An online channel had been set up to help facilitate communication between staff and management and a twice daily handover sheet was also in place.

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 provider had been open and honest when things had gone wrong. Records showed relatives were contacted appropriately to inform them of incidents affecting their family member.

●The provider had contacted CQC to share information about unvaccinated staff and seek guidance.

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

●The provider carried out an annual quality survey with the people who used the service and relatives. Care plans reflected people's choices and preferences, and these were respected as far as possible. The registered manager held meetings for the people who used the service and they were supported to raise issues and make suggestions.

● Relatives told us they felt the service had good systems for keeping them informed about their family member's welfare. One relative told us, '[The registered manager] can be very accommodating. I am very satisfied about how they have kept us informed during Covid.'

●The activities co-ordinator told us they were in an online group with others in a similar role and were able to discuss new ideas from this group with the people who used the service.

Working in partnership with others

●The service worked well with other key partners. The provider had consulted the local authority quality team when they needed advice and guidance.

● Records showed that where professionals, such as the GP or speech and language therapists, had been consulted to support people's health and wellbeing needs, their guidance was clearly recorded and followed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not assessed and mitigated a risk relating to fire safety. Regulation 12 (1). The provider was not meeting the requirement to ensure non-exempt staff were vaccinated against COVID-19. Regulation 12 (3).