

Imperial Care Homes Limited

Scarborough House

Inspection report

Clubbs Lane
Wells-next-the-Sea
Norfolk
NR23 1DP

Tel: 01328710309

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Ratings

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

Summary of findings

Overall summary

Scarborough House provides accommodation and personal care for up to 17 people. At the time of our inspection, 15 people were living at the home, some of which were living with dementia.

There was a registered manager in the home. 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 home is run.

At the last inspection, the home was rated Good. At this inspection we found the home remained Good.

Why the home is rated Good...

People received support to take their medicines safely. Staff knew how to keep people safe from harm, risks were clearly identified and actions to reduce these implemented. There were enough staff to keep people safe and meet their needs.

Staff were competent to carry out their roles effectively and had received training that supported them to do so. People were supported to eat a choice of freshly prepared meals, and were supported with special diets. People were able to access and receive healthcare, with support, if needed.

People were able to make choices and were supported to make decisions. They had maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the home complimented this practice.

Staff were kind and compassionate in the way they delivered support to people. They ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and friends who did not live nearby. People were treated with dignity and respect.

People were supported to access a wide range of activities and hobbies that meant their leisure time was enjoyable. People and their relatives were confident that they could raise concerns if they needed to.

The registered manager ensured that the home was well run. Staff were committed to the welfare of people living in the home. They regularly engaged with people to seek their views about how they wanted the home to be run, and the activities on offer. The registered manager ensured they kept links within the local community and people were part of many regular events.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Scarborough 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 checked 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 20 March 2017 and was unannounced. The inspection was conducted by one inspector.

Before the inspection, we asked the local authority safeguarding and quality performance teams for their views about the service. We also looked at the information we hold about the registered provider, including people's feedback and notifications of significant events affecting the service. We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

During the inspection, we spoke with two people living at the home and we observed how staff interacted with people. We also spoke with a visiting relative of a person living at the home. We spoke with four members of staff that included a senior care worker, a care worker, a cook, and the registered manager. We checked two people's care records and two peoples medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records.

Is the service safe?

Our findings

The service remains safe. People told us they felt safe, one person told us, "I feel safe, I have nothing to worry about here." A relative we spoke with told us that they had no concerns regarding the safety of their family member. There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training. They understood their role in safeguarding people from the risk of harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The risks involved in delivering people's care had been assessed to help keep them safe without impacting their lifestyle. One person told us that they were free to live their life as they wanted to, free from restriction, and felt the registered manager and staff ensured their safety. They explained that they had problems with their vision, which made them prone to tripping over anything left in their way. They told us that staff always "looked out" for them when they were mobilising around the home and pointed out any obstacles. We found individual risks had been assessed and recorded in people's support plans. Guidance had been provided to staff on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included people's mobility, nutrition, hydration, and medication. Records showed the risk assessments were reviewed and updated on a yearly basis or in line with changing needs. This meant staff had up-to-date information about how to manage and minimise risks to people's safety.

General risk assessments had been carried out to assess risks associated with the home environment. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments were reviewed on an annual basis unless there was a change of circumstance. The registered manager since coming into post had reviewed safety arrangements in the home, and had made improvements to existing practices. For example, fire evacuation drills had been increased and improved fire safety doors had been installed. This reduced the risks to people associated with fire hazards.

There were enough staff to meet people's needs. The registered manager told us that a team of staff were always available to support people. Any unfilled shifts on the rota were filled by the homes existing staff. We saw that a member of staff who had been recruited recently had undergone an interview process and checks to ensure that they were safe to work at the home.

People who needed support with their medicines received this from staff who were competent to provide this. Medicines were stored and managed safely for the benefit of people living in the home.. Staff completed daily audits of stock and daily checks of records to ensure people were receiving their medicines correctly. We saw that staff ensured people had a drink to take their medicines with if required. Staff checked with people before giving them their medicines, to ensure that they were ready and happy to have them.

Is the service effective?

Our findings

People and their relatives told us they received care from staff that knew how to support them. Staff had undertaken training in areas such as, but not limited to, fire safety, risk assessments and safeguarding. All staffs training was up to date and the registered manager regularly assessed their competency. The registered manager had recently undertaken leadership and management training provided by the local authority. Staff confirmed that they received supervision, guidance and support, and we saw records that confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found that not all staff had completed training in the MCA and their knowledge of this was limited. As this inspection we found that all staff had now completed training in this area. All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. This was observed during the inspection and we saw that people were always asked their consent before care was provided to them. For one person who lived at the home, the registered manager had made an application to local authority to deprive them of their liberty in their best interests. This has been completed in line with the relevant legislation.

We looked at how staff supported people with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. During our observation of the lunch time meal, we heard people commenting on how nice the food was. People were offered a choice and extra helpings if they wanted them. People who required specialist diets, for example to help manage a condition such as diabetes, had these provided. We observed that refreshments and snacks including fruit, were offered throughout the day. Weekly menus were planned and rotated every four weeks. The daily menu was displayed on a notice board in the dining area to help people make a choice and on menus on the table. People could choose where they wished to eat. We spoke to the homes cook who had a good understanding of specialist diets that people required, and individual's food and drink preferences.

People had good access to healthcare and the staff often liaised with district nurses, occupational therapists and GPs when needed. One person told us, "The staff always arrange any appointments I need with me own GP." A visiting relative told us that the registered manager had been extremely helpful in arranging specialist support for their family member. They told us that they were always told immediately of any changes in their relative's health and that they were able to see a GP without delay when needed.

Is the service caring?

Our findings

The service remains caring. People and their relatives spoke enthusiastically about how caring the staff team were. One person said, "I find them exceptionally kind and efficient. Staff are not over bearing, and they make the home as happy as they can. The attitude of the staff is very good". A relative told us, "[Family member] loves it here, they wouldn't go anywhere else." A local GP who contacted us told us, "The staff are well trained, caring and supportive. The home has a lovely 'homely' atmosphere."

We saw that staff were thoughtful and kind in their approach to people. Staff also acted appropriately to maintain people's privacy, especially when discussing confidential matters or supporting people. We observed appropriate humour and warmth from staff towards people living at the home. People appeared comfortable in the company of staff and had developed positive relationships with them. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records which helped them provide people with the care they wanted. The overall atmosphere in the home was calm, friendly, warm and welcoming.

People were consulted about the care they needed and how they wished to receive it. A relative told us they were involved in developing and reviewing support plans and their views were listened to and respected. They told us, "We work together planning for [family member] care, including them."

The people we spoke with said that they felt respected and had their privacy and dignity maintained by staff. During our inspection, a person living at the home became unwell suddenly in a communal area. Staff acted quickly to attend to this person, ensuring that at all times their privacy and dignity was maintained. Staff worked promptly and quietly in a professional manner, ensuring not to draw attention to the incident whilst continuing to meet the needs of other people in the home. When paramedics arrived to attend to this person, staff handed over essential information discreetly, ensuring that they could not be overheard.

Staff spoken with understood their role in providing people with compassionate care and support, which included promoting people's dignity. Some people chose to spend time alone in their room or away from communal areas and staff respected this choice. We observed staff knocking on doors and waiting to enter during the inspection. Staff used people's preferred names, and only used terms of endearment if the person was comfortable with this.

Is the service responsive?

Our findings

The service remains responsive. People's preferences on how they wanted to be supported were being met. For example, people were able to have a bath or shower or eat and drink when they wished. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was important to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs and leisure pastimes.

People had access to various activities and told us there were things to do to occupy their time. One person told us, "I can get out and about if I want to, there are plenty of things to do if you want". A relative told us that the registered manager had improved the opportunities for people to participate in activities. They said that their relative now went out for appointments to their hairdresser rather than stay in at the home and that local school children came to sing for the residents at Christmas. They added that open days and fetes had also been arranged. These were seen by people living at the home as an important event for the community. People told us this helped them feel part of their community again, as most people lived in the town before moving to the home. During our inspection we saw activities take place including keep fit, singing and board games. People were able to access a mobile library and a cinema club. One person told us that they loved to sit in the garden, and that staff helped them to do this whenever they wanted to.

We looked at two people's support plans and other associated documentation. Each person had a support plan, which included a series of relevant risk assessments. The plans were split into sections according to people's needs and were easy to follow and read. All files contained details about people's life history and their likes and dislikes. The profile set out what was important to the person and how staff should support them. We saw the support plans were reviewed on a regular basis and more often if new areas of support were identified, or changes had occurred. The plans were sufficiently detailed to guide staffs' care practice. Staff recorded the advice and input of other care professionals, within the support plans, so their guidance could be incorporated. Where possible, people had been consulted and involved in developing and reviewing their support plan. Daily records provided evidence to show people had received care and support in line with their individual needs.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint. One person told us, "The manager is fantastic, efficient, lovely, if I was worried then I would go and speak to her." A relative told us, "I know that I can talk to [registered manager] if I need to." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

Is the service well-led?

Our findings

The service remains well-led. People told us that the home was run very well. One person said, "[Registered manager] is wonderful." A relative spoke very highly of the registered manager and the impact they had had since they arrived at the home. They said, "She is superb, she has really brought this team together." A local GP who contacted us told us, "I have always found the home to be well run."

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of an emergency or with any concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. The registered manager was visible throughout the home and accessible to staff. The staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles. One member of staff told us, "[Registered manager] is a fountain of information with a wealth of knowledge, it's amazing to watch her work and learn from her. She stops and takes the time to tell you about what's going on." Staff told us they were part of a strong team, who supported each other. We found there to be a strong culture of good teamwork and morale amongst staff was positive.

The registered manager used various ways to monitor the quality of the service. These included, but were not limited to, audits of the medication systems, staff training, infection control and checks on mattresses, commodes and fire systems. Since starting in post the registered manager had reviewed and made improvements to the systems of checks they undertook, including the frequency that they were completed. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

The people living in the home and others including staff and relatives were involved in developing the quality of care and support provided. The registered manager asked people, relatives and visitors, including external professionals to complete a satisfaction survey. We saw that the results of this were very positive. Several people had made positive comments about the service. The registered manager had also implemented a series of regular meetings for people living at the home, and for their relatives to gain their views on how support was being provided. Information gained from these had shaped the registered managers development plan for the home, and helped identify priority areas for people who lived at the home.

We saw there were policies and procedures, which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.