

Mr Robert Timothy Teasdale

# Norfolk Villa Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 29 February 2016, 02 March 2016, 15 March 2016 and 20 April 2016. Breaches of legal requirements were found. We served a Warning Notice on the registered provider. Warning notices are part of our enforcement policy and tell the provider where they were not meeting their legal requirements. They had to have put this right by 31 August 2016. This was because care was not always safe, personalised and consistent and, the systems in place to monitor the quality of the service were ineffective. People were not protected from risks associated with their care, and risk assessments were not reflective of people's current risks. People were also at risk of not receiving their medicines as prescribed. People's records were not well maintained to evidence the care given. We also asked the registered provider to submit monthly progress reports to the Commission so we were able to monitor improvement and action being taken.

We undertook this comprehensive inspection on the 22 September 2016. We undertook this inspection to confirm that the service now met legal requirements. The inspection was unannounced.

The service provides care and accommodation for up to 19 older people, some of whom are living with dementia. On the day of the inspection 14 people were living at the service.

Accommodation and facilities in Norfolk Villa are situated on two floors, with access to the upper floor via stairs. There are some shared bathrooms, shower facilities and toilets. Communal areas include a lounge, a dining room and an outside patio area.

There was a registered provider; the service did not require a registered manager in post. The registered provider had sought the advice and expertise of a consultancy firm and they had employed an acting manager. The acting manager is referred to as the manager throughout the report. 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.

At this inspection we found improvements had been made to the systems and processes in place to support good governance. We found people were safe, and care provided appropriate to people's needs. However, we continued to have minor concerns regarding medicine management and although care plans and risk assessments were in place, these required greater personalisation. Our findings were already incorporated into the manager's plan for the next 6 months.

Medicine management had improved significantly however we found verbal orders from doctors were being taken by staff over the telephone which could be misunderstood and had the potential to cause risk to people. We also found hand written entries on people's medicine charts were not always checked by a second person which might cause errors in the medicine they received. Clarity was required where people were on a variable medicine dose so the rationale for giving a certain dose was clear and consistent. The staff immediately put systems in place to address this during the inspection.

Staffing levels met people's needs, were flexible, and staff had received training to meet people's needs. Staff had a good knowledge of people's care plans and had been involved in developing these alongside people where they wished to be involved. Staff were supported and learning and recent changes to the processes in place were being embedded through staff meetings and supervision.

People's human rights were respected. People were central to decisions about their care and treatment and their consent was asked for prior to any interventions. The Mental Capacity Act (2005) was better understood and staff knew when restrictions in place might amount to a deprivation of liberty.

People enjoyed a healthy diet. There were systems in place to ensure essential information regarding allergies and preferences were known. People's weight was monitored and where there were concerns and specialist advice was needed, prompt referrals were made.

People had access to their doctor when they were unwell and specialist care when required. Referrals had been made promptly and external professionals involved in people's care.

Staff were caring and kind. Although further work was required to embed end of life care planning and discussions; staff cared for people compassionately and people had pain free, dignified deaths.

Staff had good knowledge of people, they talked about people with fondness and they did special things which made people feel they mattered. For example buying their favourite foods and celebrating dates which were meaningful to them.

Care plans were more organised, clearer and reflected people's needs and risks. However, further work was required to make care plans more individualised and people's personal confidential information was not always stored securely.

Activities were minimal in the home. People told us when activities occurred such as musicians, they loved these, and this was an area the manager wished to develop further with the support of the registered provider.

Complaints processes were in place and managed promptly. People told us they had no concerns and would talk to staff if they did.

The manager had worked alongside the staff team to develop systems and processes which made the care at Norfolk Villa safer and the atmosphere and culture better. Audits were identifying issues and these were being actioned. The structures for a quality service were in place but these required further consolidation and embedding into practice through on going supervision and staff training.

Although there was significant change, we have rated the service as 'requires improvement' because it is too early to be certain the service will maintain full compliance in the future. Norfolk Villa is required to continue to send the Commission monthly progress reports until May 2017 so we can continue to monitor progress.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

Aspects of the service were not safe.

We found that action had been taken to improve aspects of safety however; people's medicine management required further improvement.

People were protected from the risks associated with their care and health conditions.

People were protected by staff who understood safeguarding processes. Incidents and accidents were monitored for trends and to reduce the likelihood of a repeated incident.

Staffing levels were flexible dependent upon the needs of people living at the service.

### Is the service effective?

**Good** ●

The service was effective.

Action had been taken to improve the effectiveness of the service.

People were cared for by staff who had received an induction and training to meet people's needs; the programme of staff training was ongoing to develop staffs skills further.

People told us staff always asked for people's consent and respected their response. People were assessed in line with the Mental Capacity Act 2005 as required.

People's nutritional and hydration needs were met. People received a balanced diet and where people required monitoring for health reasons, this area had improved.

### Is the service caring?

**Requires Improvement** ●

Aspects of the service were not always caring.

Confidentiality was not always maintained.

People told us they felt cared for and supported in making decisions regarding their care and treatment.

End of life discussions and planning were beginning to be incorporated into the new care plans. People's end of life care had been compassionate and caring.

People were treated with dignity and respect by kind staff.

### Is the service responsive?

Aspects of the service were not responsive.

Action had been taken to ensure the service was more responsive.

People had care plans in place which reflected their current needs; however these were continuing to be improved, developed and embedded. Care plans gave additional guidance and direction to staff about how to meet people's care needs. Staff had read people's care plans and developed systems so they knew when people's needs had changed.

People's interests, activities and opportunities for remaining stimulated required further development.

People knew how to raise complaints and concerns.

**Requires Improvement** ●

### Is the service well-led?

Aspects of the service were not well-led.

Action had been taken to develop the leadership and quality monitoring within the service to enable the service to be well-led. A consultancy firm were supporting the registered provider to address concerns at previous inspections.

Systems in place to monitor the quality of care had been developed but these required further consolidation and embedding into practice. Action was taken promptly when issues were identified.

The manager was receptive to inspection feedback and working collaboratively with staff and external agencies to improve people's care.

**Requires Improvement** ●

# 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.

We undertook a comprehensive inspection on 22 September 2016. This inspection was completed to check improvements had been made to meet the legal requirements after our comprehensive inspection on 02 March 2016, 15 March 2016, and 20 April 2016.

The inspection was undertaken by one inspector for adult social care, a pharmacy inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. Notifications are reports on specific events registered people are required to tell us about by law. Before the inspection we also sought feedback from professionals involved with the service. This included health and social care professionals.

During the inspection we spoke with 11 people who lived at the service, one relative and seven staff. We asked them their view on the service and their care. We looked at the care of four people in detail to check they were receiving their care as planned. We spoke with them where this was possible. We discussed the care needs of people with staff and the manager. We looked at the systems in place for managing

medicines.

We observed how staff looked after people and observed the interactions between people and staff.

We spoke with the registered provider; the manager and the consultant who had been employed to support Norfolk Villa make improvements at the service. We discussed what had been implemented since the previous inspection. We reviewed the service's new care planning documentation and checklists, the training matrix, quality assurance processes and staff meeting minutes.

# Is the service safe?

## Our findings

At the last inspection on 02 March 2016, 15 March 2016, 20 April 2016, the registered provider had sought the advice and expertise of a consultancy firm and they had employed an acting manager. The role of the acting manager was to develop systems and processes at Norfolk Villa to enable the delivery of high quality care. Staff commented "They're good and good for here."

The use and management of medicines had improved significantly since our previous inspection. Further changes were still being undertaken and completed. Medicines were stored safely and securely in a new medicines room, which included a separate refrigerator for medicines. Staff checked and recorded the temperature to make sure that medicines were stored at recommended temperatures and would be safe and effective for people. There were suitable arrangements for storing and recording medicines needing extra security. A new daily audit was completed to check that medicines were being administered and recorded correctly. This showed that the administration and recording of medicines had been improved significantly since the previous inspection.

Medicines received into the home and those returned to the pharmacy were appropriately recorded. This meant that the quantities could be audited to check that they were being given correctly. Staff had received updated training and new checks were taking place to make sure staff were giving medicines safely.

Medicines were given to people in a safe way at lunchtime. People were asked if they needed any 'when required' medicines such as pain killers. There was no-one who looked after all of their own medicines at the time of our inspection, but a few people looked after some of their creams, or inhalers. New risk assessments were available in their care plans. These showed that it had been assessed as safe for them to do this. The application of creams or other external items was recorded on new charts which included clear instructions for care staff. They included the use of body maps to show care staff where each product should be applied.

Staff completed records of medicines administered to people and recorded reasons where medicines may not have been administered for any reason. Sometimes any hand-written amendments had not been checked by a second person when doses of medicines were changed on a person's medicine administration record (MAR). Therefore, it was not clear from the MAR who authorised the change. However, responsive action was taken at the time of our inspection to make improvements.

Most people who had been prescribed a variable dose of medicine, for example one or two tablets, had the quantity given recorded on their MAR. However one person was prescribed a medication in a variable dose and it was not recorded how many were given each time, and there was no guidance for staff as to how to decide how much to give in their care plan. The manager was responsive to feedback to make further improvement in this area.

Protocols were now in place to guide staff as to when they should give medicines prescribed to be given 'when required'. This helped to ensure people were receiving these medicines correctly and in the way



prescribed for them. Allergies were now recorded with each person's MAR which helped to reduce the risk of a medicine being given to someone inappropriately.

There were policies and procedures in place to guide staff, and two recent medicines incidents had been reported and dealt with promptly and appropriately.

Staff told us they felt medicine management had improved commenting "Medicine processes are better, it's more shared out across the team and the processes in place are safer."

Staff had received safeguarding training and were confident recognising the signs of abuse and reporting procedures. Safeguarding policies were accessible to staff on the new office computer and local procedures for reporting were displayed prominently. The service and manager had worked proactively with the local authority to address safeguarding issues since the previous inspection. Staff told us it felt safe at the service, they said, "It is safer here than it was previously, someone is looking out for them, there are better systems in place to protect people."

All the people we spoke with told us they felt safe at the home and felt confident talking to staff if they were worried about anything. Clear guidance was available to staff and displayed on the staff noticeboard so all staff knew procedures for reporting safeguarding.

The PIR informed us and the manager told us, incidents and accidents were reviewed and investigated. Accident reviews had been helpful in reducing people's falls. These were reviewed and monitored for trends and any learning needs to reduce a reoccurrence.

At this inspection we found action had been taken to improve people's risk assessments. Risk assessments were in place which addressed people's risks of falls, malnutrition and skin damage. Where people had health needs for example due to diabetes their risks were recorded, known to staff, and monitored. Risk assessments were in place for those people susceptible to urinary tract infections (UTIs) because of their continence needs.

Risks related to people's behaviour were considered, for example those who might neglect their self-care or drink too much alcohol. Clear guidance was now in place to inform staff how to respond to and manage potential situations safely. People's human rights were respected and staff understood those who chose to take risks. These risks were shared with health professionals and risk management plans were in place. Clearer documentation of decision making was evident to protect people and staff.

Body maps were now in place which recorded any injury from accidents or areas of skin damage. Staff had a better understanding of how to monitor people's skin condition and consider equipment needed to help prevent skin damage when people were at risk, such as pressure cushions.

The service had introduced improved systems to handover and communicate information about people's care. A diary recorded relevant information for all staff to access. The new care plans and risk assessments had been read by staff. Staff told us this meant they knew who was not well or when there had been changes to people's health. Staff told us these improved systems helped to keep people safe.

The systems in place to keep people's money safe had been improved so there were clear audit trails of incoming and outgoing expenditure. However, we found the office door was at times open when staff were not present and one person's money had been left out by staff. This was promptly put away when we pointed this out.

Personal emergency evacuation plans were in place which reflected people's needs, risks and the support they would require in an emergency situation.

People were supported by suitable staff who were recruited safely. Staff confirmed the company's recruitment process. This included appropriate checks undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

There was sufficient skilled and competent staff to ensure the safety of people. Rotas showed this was achieved. Staff were not rushed during our inspection and acted quickly to support people when needed.

# Is the service effective?

## Our findings

At the last inspection on 02 March 2016, 15 March 2016, 20 April 2016, we found people's health needs were not always met, care was not appropriate to their needs, and the recording of people's care needs was inconsistent. The registered provider submitted monthly action plans advising us how these areas would be improved. We were told care plans and records would be updated to reflect people's health needs and staff action.

During this inspection we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. We found improvements had been made to staff's understanding of this law.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found staff had a better understanding of the mental capacity act and used this in all the interactions we observed.

We found staff followed the principles of the Mental Capacity Act in their practice for example by assuming people had capacity to consent to their care. People's records were clear regarding people's capacity and gave guidance to staff on how to involve people in decision making where they did not have capacity. Records demonstrated MCA assessments were taking place as required and the principles of the MCA were being followed.

Staff told us they discussed people's care with a range of professionals and the family where appropriate and involved people and those who mattered, in care decisions. Decisions made in the person's best interests were now recorded.

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 manager had applied for DoLS on behalf of the people who might require one. The new care plans incorporated people's capacity to consent and DoLS information.

Staff told us "My knowledge of MCA and DoLS has definitely improved. I've done training and understand this better." Staff were able to discuss complex cases with the manager and where people had capacity and engaged in activities which some might feel were unwise, there was a better understanding how to support people's right to make these choices.

People told us their healthcare needs were met. The registered provider or staff often escorted people to their hospital appointments. Hospital passports had been developed since the previous inspection, these

helped communication between the service and hospital as people move between services. Staff told us how accessible these were and how they had recently been able to quickly find the information they required when one person required hospital admission.

People's health needs or conditions were clearly recorded; advice sought from professionals was recorded and care plans were updated as people's needs changed. This meant all staff had the latest information and guidance to maintain people's health. For example the service had recognised one person had health needs which required specialist support, this had been arranged and they had supported the person with their appointments. Other people were supported to attend their regular hospital appointments.

People told us they enjoyed the food, they told us if they did not like what was on the menu an alternative was offered. One person said they would like the option of a cooked breakfast. Staff said they would like to see greater variety on the menu and greater choice for people. Staff knew people's food preferences were known and the foods they were unable to eat. Information about the food people did not like was recorded in their care records and visible in the kitchen for the cooks.

Care records and care given by staff reflected people's dietary needs or specialist guidance. Records reflected people's needs and preferences. For example, care records reflected people's health needs such as diabetes and their allergies were recorded.

Food and fluid monitoring charts recorded people's needs when there were concerns about their weight and action was taken as needed and clearly recorded. Prompt action was taken if people were losing weight for example, discussions with people's doctors so consideration was quickly given to ways to reduce further weight loss. Referrals were made to specialist services when dietary advice was required for example people with swallowing difficulties.

The daily menu was displayed in the main lounge. We spoke to the registered provider about how the menu was displayed as not all people might be able to read this. We also spoke to the provider about people's dining room being used for staff belongings such as handbags, cigarettes and coats and about confidential patient or staff information being displayed on the walls. The registered provider took immediate action to address these areas and said they would consider more suitable staff storage space such as lockers.

The PIR told us that the training, induction and supervision processes had changed considerably since our previous inspection. We reviewed the training staff had completed and discussed learning with staff. They told us the new training was better. The manager had been providing supervision to staff to help embed new ways of working and support them during the recent changes. All staff were very positive about how helpful the manager had been. The manager was supported by the consultancy firm.

## Is the service caring?

### Our findings

At the previous inspection we found people's personal confidential information was not always stored securely and that people's end of life care wishes were not always planned with them. The action plan submitted by the registered provider advised that action would be taken.

Confidentiality was not always maintained. The office was left unstaffed and unlocked during the inspection and the registered provider did not always ensure private conversations were held discreetly away from people who lived at the service. We had also asked the provider to address this at our previous inspection on 02 March 2016, 15 March 2016, and 20 April 2016.

People's personal and confidential information was not always stored securely. The provider had not acted on previous feedback from the CQC. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Details about people's end of life care and wishes were incorporated into the new care planning system. We found the care plans required further personalisation to reflect the compassionate care staff were giving. We spoke to the manager about further developing end of life care and developing staff. They were keen to develop end of life care in the next 6-12 months.

Staff were caring and spoke to us about two people's end of life care and death. Staff had made sure people were not left alone, were comfortable, pain free and hydrated. We spoke with one person prior to his death; he told us that he "wouldn't wish to be anywhere else". He told us he was content with his care and felt staff respected his privacy and dignity.

Staff told us they were able to attend funerals and had been supported to get the equipment people needed to ensure they were comfortable for example a special mattress. Staff said "I'm so happy his death was pain free, he had a lovely dignified death."

The recent deaths at the home had prompted other people at Norfolk Villa to consider their future wishes and plans they had in place. Where required people had been supported by translators to arrange their private affairs.

We reviewed some treatment escalation plans (TEPs) in people's care files. These are forms which detail people's resuscitation status. These reflected people's wishes in their care records and where people did not have capacity to make these decisions the appropriate people had been consulted. Staff were clearer regarding people's end of life wishes and TEP forms matched the information held in people's care plans.

Part of the service's improvement plan was to enable people to be more involved in their care and treatment decisions. We found the new care records incorporated people's views and wishes. Care records recorded where people did not wish to be involved or sign their care plans. Staff told us, "Definitely more involvement with people in care planning." The key worker system supported the development of the care

plans as these "key workers" knew people the best. Staff knew the updated care plans required further development and were committed to continue to develop these.

All the people we spoke with during the inspection commented on the kindness of the staff and we observed this throughout the inspection. People had their cultural needs respected and one person told us that their country's New Year had been celebrated within the service and special food brought in.

Other people told us they were supported to attend church. One person who had restrictions on his movement in place had built up a good relationship with the male manager. Staff told us they go for walks and the person was like a different man now.

Staff said they bought him the things he loved like Thai soup and they had taken him to a Thai restaurant in the local town. He was not available during the inspection but staff told us if he had been he would have said "He's my mate." These small gestures had made this person feel valued and cared for.

People told us their special occasions such as birthdays were celebrated and one person had recently treated everyone to fish and chips to mark their birthday.

## Is the service responsive?

### Our findings

At the previous inspection, we found the recording of people's care was not always personalised or consistent across all records. Care records had significant gaps and staff were not always able to tell us about the care people needed or how they preferred care given. Care records were disorganised and information not recorded. The action plan the provider sent us addressed the action they were taking. We found improvement had been made in this area and was ongoing.

People now had completed care plans in place which reflected their needs. Staff were familiar with the content of people's care plans and there was greater involvement of people and those who mattered to them in the development and reviewing of people's care plans. We found this was an area that needed embedding due to the new care planning system and people's care records were continuing to be updated. The manager had plans to continue developing this area incorporating people's preferences.

People's care records held details to enable staff to be responsive to their needs. For example, care records gave guidance for staff on how to care for people in relation to their skin, diet and weight, mobility and health related conditions such as diabetes. Hospital information sheets and life histories were in the process of being developed so care would be consistent in the event of people needing to go to hospital.

Staff related to us how people preferred their care delivered, how people liked to be washed and dressed, what their interests were and what food they liked and didn't like.

Staff told us they participated in handovers and information in the diary kept them updated. This meant staff could keep up to date on people's care needs, appointments and they were responsive to people's needs.

At the previous inspection we spoke with the registered provider about the limited activities on offer within the service to help keep people stimulated and active. We found during the inspection that there had been little improvement in this area. The television was on during most of the inspection with little one to one time being given by staff to people.

People told us they loved the musical activities but couldn't have this too often because "it costs too much money." We observed those people who were able to occupy themselves were content reading the paper and chatting to others, but those who were less able were left for long periods (over 2 hours) without conversation or activity.

Staff told us the manager encouraged staff to spend time with people, but staff told us they felt there remained reluctance from the registered provider and that they did not see this as valuable. However, under the new manager, staff had increased the time they spent with people, had taken people out shopping and had been playing more games with people. One staff member told us "The manager has supported us spending more time with people, taking them out and this is now being done within working hours which is great. I really enjoyed taking one person out to get them some new clothes, we had a coffee and went to the

bookies which they loved" and "Another lady enjoyed looking around her favourite shop and going for coffee too; we've bought some quiz books, crossword books and try to spend time doing these with people." People also enjoyed having their hair and nails done.

The service had a policy and procedure in place for dealing with any concerns or complaints. We saw the manager had thoroughly investigated concerns which had been raised in accordance with the service's policy. A relative we spoke with said they were confident any issues they might raise would be addressed quickly.



## Is the service well-led?

### Our findings

At the last inspection we found the provider did not have adequate systems and processes in place to ensure the quality of the service. We requested a monthly progress report was submitted until May 2017 to enable the Commission to monitor changes and continued progress. At this inspection we found significant improvements to the quality monitoring of the service. However, systems to monitor the quality of the service had only recently been put in place and we cannot yet be certain these systems are fully effective. Therefore we will continue to monitor the service until we are confident full sustained compliance can be maintained.

Following the last inspection on 02 March 2016, 15 March 2016, and 20 April 2016, the registered provider had sought the advice and expertise of a consultancy firm and they had employed an acting manager. The role of the acting manager was to develop systems and processes at Norfolk Villa to enable the delivery of high quality care. Staff commented "They're good and good for here."

Staff told us the manager was very good, commenting, "He's brilliant, I'd go to him for anything"; "He's kind and patient"; "He's very much for the residents here; so approachable and I have so much respect for him." Other staff commented, "He's got the answers and knows what to do – I can relax when I leave now, knowing things are in safe hands; he's always on his mobile and would be here straightaway if we needed him"; "He's (the manager) adapted very well, he's just got on with it, we want him to stay – he's one of us, works with us, he's not afraid to put an apron and gloves on"; "He (the manager) supports us, he will fill in when required, he's so flexible, he will do the dishes, everything!"; "It just feels organised, we trust him, he's open, transparent, he will discuss and negotiate, staff meetings are in place for us to talk things through." Staff told us they and the manager did not always agree on everything, but the debates they had about changes were good and staff felt listened too and their opinion was valued.

Regular audits and checks had been developed since the previous inspection and were taking place regularly. Most audits identified where there were problems and the action required to remedy the issues. We spoke to the manager about ensuring staff understood the reasons for the checks and what they were checking for. They were ensuring this occurred through supervision with staff. This would help develop a culture where staff questioned practice and understood the rationale for the changes being made.

The manager and staff had worked hard to develop new care planning systems, checklists and monthly reviews of people's care. Five care records were audited each week and identified actions followed through and signed off as completed. New medicine audits were in place and had significantly reduced errors; staff had learned from each audit undertaken to improve the management of medicines. These new processes were still being implemented and embedded.

Systems and processes were in place to ensure people were involved in the service if they wanted to be and staff were involved and on board with improvements. For example, supervision had commenced to support staff and embed changes; a comments box was used to gather staff views, people had received a questionnaire asking for their views on the service and staff meetings were in place to share learning.

Staff told us they thought the greatest achievements since the previous inspection were the care plans, they said "It's all on the computer now; the whole system here is working much better." The manager also told us they felt the other areas which had improved vastly were "Care plans, improvement in medicine management, staff morale, effective training, increase in staff competency and knowledge and a better atmosphere within the home." We observed this during the inspection and staff reiterated this saying "Better morale, better team work and it's more organised." The manager told us the change in culture meant staff were more open; they recognised errors and reported these quickly. The manager had plans for the next 6 – 12 months to further develop the service. These included decoration, improved signage, and greater personalisation of people's rooms, improving the communal areas and increasing the activities on offer.

At the last inspection we found all significant events had not been notified to the Care Quality Commission (CQC) in line with legal requirements. The manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations and we had received notifications since the previous inspection.

The registered provider and manager had systems in place to ensure the building and equipment was safely maintained. The utilities were checked regularly to ensure they were safe. Health and safety checks such as that for fire safety equipment took place regularly.

People and staff spoke positively about the manager and felt comfortable approaching them. They felt any issues would be heard and acted on. People and their families were asked to complete questionnaires but were also asked their opinion informally. Feedback was positive.

Staff confirmed they were able to raise concerns and said these were dealt with promptly by the manager. Staff had a good understanding of their roles and responsibilities and said they were supported by the manager. Staff told us the manager worked alongside them. Staff said there was good communication within the staff team and they were working better together.

The manager and provider took an active role within the running of the home and had good knowledge of the people and the staff. The lines of responsibility and accountability within the management structure were clear.

The registered provider and manager both promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. We found the manager and registered provider responsive to inspection feedback and keen to improve the quality of the service and care provided.

There was a whistleblowing policy in place to protect support staff and staff felt confident reporting concerns to the manager.

The local authority had been working closely with the service since the previous inspection. The manager was now attending local forums where good practice was discussed and shared.

We spoke with the registered provider about the plans to make the manager permanent. Norfolk Villa is not legally required to have a registered manager however; we were concerned that this service has a history of not meeting the legal requirements prior to this inspection and the manager being in post. We were advised by the registered provider he was waiting for the outcome of this inspection before making a decision. Although the registered provider is required to continue to send the Commission monthly progress reports

until May 2017 and we have confidence in the current management arrangements, the structures and processes which have been developed required embedding and ongoing monitoring.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Service users personal and confidential information was not always stored securely. The provider had not acted on previous feedback from the CQC</p>