

# St. Cecilia's Care Services Limited

## Normanby House

### Inspection report

6 Belgrave Crescent  
Scarborough  
North Yorkshire  
YO11 1UB

Date of inspection visit:  
06 August 2019

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12 September 2019

#### Ratings

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

## Overall summary

### About the service

Normanby House is a care home providing personal care for up to 25 people, some of whom were living with dementia. When we visited 25 people were using the service.

### People's experience of using this service and what we found

People enjoyed the family atmosphere the staff and managers had created at the service. People were encouraged to develop and maintain friendships with the people they lived with and staff. Staff had gathered information about people's life histories to aid them to develop positive relationships. People felt well cared for by staff who knew them well. People were supported to be independent and to share their opinions which were listened to and respected. People's feelings of wellbeing were very high because of this. Relatives and visiting professionals also felt the warmth and compassion displayed by staff towards people as they cared for them.

The staff team had been inducted, supported and trained which enabled them to care for people safely and in a person-centred way. Staff understood their roles clearly and they knew what was expected of them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The environment was homely. People enjoyed access to a garden and were supported to access the community to take part in local activities. People told us they were offered a wide variety of activities to take part in if they chose this.

People's health was well managed with the input of professionals where required. Relatives and people were fully involved in making decisions about their own health and care. They were also kept up to date. Where people required support at the end of life, this was delivered with compassion and kindness to people and also to their relatives.

The registered manager carried out a range of checks to ensure staff delivered high-quality person-centred care and that people were safe. The provider had started to take a more active role in checking the safety and quality of the service. They were aware their checks needed to be more robust and agreed to do this in the future.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

At the last inspection we gave the service a rating of good (published 15 December 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection following the registration of the new provider.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Normanby House

## 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 planned this inspection to check 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 Care Act 2014.

#### Inspection team

Two inspectors carried out this inspection.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager, deputy manager, care workers and the chef. The nominated individual is responsible for supervising the

management of the service on behalf of the provider. 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 spoke with a professional who regularly visits the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and two around staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider about evidence provided. We looked at training and staff supervision data.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were happy with the support they received to take their medicines.
- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. The provider had up to date procedures in place which followed best practice.
- Where errors were found during checks we saw they were investigated.

### Staffing and recruitment

- There were enough staff on shift to enable people to do the things they enjoyed and they received care and support in a timely way. The registered manager had a system to check people's care needs and the number of staff required to meet them.
- The provider operated a safe recruitment process.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- People and their relatives felt the service was safe. One person told us, "Since I walked through the door I felt safe here." A relative said, "I have confidence in the staff. They are always on the ball."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. The provider was working with the registered manager to understand which parts of the care plan system could be developed to better assess risk in areas such as falls and hydration.
- Where people became anxious staff intervened in a way which they knew worked for each person. Care plans and risk assessments did not link together to clearly describe how staff should do this to ensure consistency. The registered manager agreed to make changes to the care plan system to reflect this.
- The environment and equipment were safely managed. Fire drills had taken place; however, it was not clear if evacuation had been practiced at minimum staffing levels to see if this was possible. The registered manager agreed to do this.
- Accidents or incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents where possible.

### Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. One person told us, "The service is very clean. My room

is spotless at all times."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One person told us, "I feel staff are well trained. They all know what they are doing, and they do it very well."
- Staff had completed an induction and training programme. A member of staff told us, "I feel I have sufficient training. The managers are good at bringing in other training. The Parkinson's disease training was really good." The registered manager had started to organise training for staff around behaviours that may challenge the service to improve staff confidence in this area.
- Staff had opportunity for support, supervision and appraisal. A member of staff said, "We have regular supervision, I have just had one. They are open and honest, I feel listened to."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to understand the menu choices. A new pictorial and large print format were being devised to help with this.
- Where needed people had access to adapted cutlery and equipment, so they could eat and drink independently. Where people required specialist diets this was catered for.
- People's weight and diet were monitored effectively. Professionals had been involved to understand how to best support people.
- People enjoyed their food and had opportunities to provide feedback and make suggestions about the menu. One person told us, "The food is great. We get a choice and I didn't like any of the choices I would just ask for something else."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were thorough and people's expected outcomes were identified. Care plans were regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. People had received support to maintain their health with regular access to GP's, dentists and other services.
- Relatives were complimentary about how staff kept them up to date and involved in their family members health progress. One relative told us, "My family members weight dropped, they mentioned it straight away

and told me what they would do about it. At every point they kept me updated."

- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
- A new care plan system had been introduced and the registered manager was working to understand how to record medical appointments better. This work had commenced.

Adapting service, design, decoration to meet people's needs

- People and their relatives thought the service was homely. People were able to bring their own personal items to furnish their bedroom to make it feel homely.
- The environment had not been assessed to understand what changes could be made to make it easier for people living with dementia, for example to find their way around. The registered manager agreed to carry out such an assessment.
- Where people needed specific adaptations to aid them they had been completed. One person had a touch lamp, so they could switch it on independently.
- People enjoyed using the garden where they could spend time with family and friends.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in decisions about their care. Staff knew what they needed to do to make sure decisions were taken in people's best interests. Where people were able they had consented to their care by signing their care plan.
- Where required appropriate applications had been made to the local authority to seek authorisation to deprive people of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated a real empathy for the people they supported. One person told us, "I don't need as much help now as I did when I first moved here. That is because staff supported me to get my confidence back which I am grateful for. Staff are not pushy, just extremely helpful and supportive."
- Staff were motivated and offered care and support that was compassionate and kind. A member of staff told us what caring meant to them, "Spending time with people and understanding what they like and don't like. Understanding that not all people are the same or like the same things. Making people feel valued as a person and just listening to them."
- Staff had good relationships with people and had gone to great lengths to gather their life histories. This is a recognised way of staff is developing positive relationships with people. Staff had taken time to know the details of people's memories and the outcome was that they had developed excellent relationships. This impacted positively on people's feelings of wellbeing. People told us, "Staff know us well. Nothing is too much trouble for staff. Everyone speaks to each other, it is a lovely environment." And "I can't say staff are anything but caring. Look at the job they do and how they treat people in here, like they are their own family."
- People were actively listened to and their choices respected. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected. One person who recently had bad news told us, "Staff just make everyone feel really welcome. I had some bad news a few months ago. My relative told the manager and they passed it onto the staff so they knew I needed extra support."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People had been supported to know the other people they lived with and opportunities to develop and maintain friendships were supported by staff. This gave the service a real family feel. A visiting professional had recorded a compliment which said, 'The home has a lovely feel to it. All the residents are comfy and happy, staff are calm and friendly.' A relative told us, "Staff know everyone so well, like a real family. It is lovely to see. All relatives know each other. I spend time with my family member but also with other residents who I have built friendships with." When asked what the best thing about Normanby House one

person told us, "The staff and other people who live here. We all get on really well."

- One person had been supported to maintain contact with friends and family through the use of technology. They used an iPad to communicate and send messages. The person was pleased staff could support this.
- People were supported to focus on their independence in all areas of their lives. One person told us, "I am unsteady on my feet and need to use my sticks, I can usually get around the home ok on my own. But staff are there if I need them."
- People were treated with dignity and staff ensured people received care and support how they preferred. A relative told us, "My family member is in bed right now, they had a rough night. Staff respect this when they may want to have a lie in."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Staff worked to meet people's diverse needs. A member of staff told us, "I understand that each person is different, and they should not all be treated the same way."
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- The registered manager was planning to use the electronic care plan system to better capture the outcomes of the person-centred support people received. A member of staff had a 'champion role' to help staff understand the system and use it to its full potential.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and staff understood them. Information in different formats for people to use was being developed. The registered manager agreed to ensure the AIS was fully implemented in their care plan system in the future.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain friendships and relationships. This included spending time with relatives and other people who used the service.
- Access to activities supported to people to meet new people and maintain friendships. People enjoyed a range of outings and in-house activities. People were alert and actively involved if they chose to be.
- Care workers took a lead role in designing activities and supporting people to take part. This approach had led to a positive culture of using every day activities as a positive and meaningful time for people. Activities happened in a natural way as they day passed including those that were more formally planned. People were able to tell us about winning the race or quiz night, their outing to cricket and time spent in the garden when it was sunny.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. They told us they believed they

would be listened to. Records relating to complaints were not always thorough. The registered manager and provider agreed to review their policy and implement changes where needed.

- The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

#### End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- Staff worked in conjunction with the local healthcare professionals to ensure people received a pain free and dignified end of life. A visiting professional who supported the team to care for people at the end of life told us, "What was really impressive was the support they were providing not only to the person but their relatives. Staff understand that end of life has a massive impact on relatives as well as the person they are supporting."

# 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 the last inspection this key question was rated good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led by the registered manager. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality.
- The registered manager completed a range of checks to ensure the service was safe and of good quality.
- We discussed with the provider the need for a more robust governance of the service from them. This included ensuring any changes made were in line with current best practice or legislation. Formally supervising the registered manager and planning the development. Also, formally checking compliance of the systems in place to ensure safety and quality. They agreed to do this.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care.
- Staff told us they felt listened to and that the registered manager was approachable. We received positive feedback about the managements team leadership, a relative told us, "Management are fantastic. They have created a wonderful home. A member of staff told us, "I think the service is well led. With and open and honest culture. I am sure all staff feel confident in approaching the manager, she is very down to earth.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. All staff knew their responsibilities and were keen to fulfil them.
- The registered manager had displayed an open approach and listened when things went wrong to staff, people and their relatives. They had been honest and worked in partnership to make improvements.

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

- People and their relatives had completed a survey of their views and they met frequently to discuss the service they received. Feedback had been used to continuously improve the service.
- There was a skilled workforce and the registered manager empowered people and staff to speak up freely, raise concerns and discuss ideas.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care.

#### Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Such links supported the service to develop.