

Norse Care (Services) Limited

Ellacombe

Inspection report

Ella Road
Norwich
Norfolk
NR1 4BP

Tel: 01603519730

Website: www.norsecare.co.uk

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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

Ellacombe is a residential care home providing care and support to up to 45 people. The service supported people living with dementia. At the time of our inspection there were 34 people using the service.

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

Improvements were required to protect the condition of people's skin to reduce the risk of developing pressure sores. Changes to the recording of when checks of people's skin took place needed to be improved.

Where people were meant to have additional calories added to their diets to support weight management, records did not show this was consistently being provided. This was of particular concern where their daily food records showed they had experienced an overall poor intake.

If people smoked, particularly if using flammable creams on their skin, management plans in place to protect them from harm were found not to be consistently followed.

Some people were known to be at risk of accessing other people's bedrooms, going through drawers and potentially taking items without staff support and supervision. We found drawers containing craft and gardening items, as well as personal cigarette lighters and tobacco, alcohol and items of food that was not found to be stored securely. The assessment of such risks was required to maintain people's individual safety, particular for people living with dementia.

Some improvements to the management of people's medicines were required, in relation to the consistent application of creams. Also, in relation to the guidance in place for staff to follow where people received their medicines covertly (hidden in food or drink).

Whilst we identified some areas of improvement still required at the service, we also identified areas of development and changes made as an outcome of findings from our last inspection. Overall, we found a clear intent by the registered manager to support ongoing improvement at the service.

There were sufficient numbers of suitably trained staff available to meet people's needs. We observed kind and meaningful interactions between people and staff during our inspection. We received mainly positive feedback from people living at the service and their relatives.

We found the registered manager and staff team responsive to our feedback and were keen to make improvements and changes to ensure people received good standards of care. Staff proactively fund raised to support inhouse and external activities, and wanted to ensure people's wellbeing remained a priority of their care.

Staff morale was observed to be good, and we received positive feedback about working at the service. Staff showed compassion and changes in leadership at the service since our last inspection were supporting a changing culture within the staff team.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 February 2020).

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 regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service and in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of relating to the provision of safe care. This inspection examined those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains requires improvement based on the findings of this inspection.

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.

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 Ellacombe on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ellacombe

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, and 1 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.

Service and service type

Ellacombe is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Ellacombe is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 reviewed information we held about the service, and liaised with health and social care professionals who work closely with the service. The information gathered formed part of our inspection planning.

During the inspection

We spoke with 13 people living at the service and observed care and support provided in communal areas. We spoke with 8 people's relatives or friends. We spoke with the registered manager, 2 deputy managers, 4 care staff, a senior member of staff, the regional manager, an activity coordinator, a chef, 6 ancillary staff and a housekeeper.

We looked at 4 people's care and support records and 3 people's medicine records and 6 people's topical medicine charts. We also reviewed 4 staff files as well as records relating to the management of the service, recruitment, policies, training records and systems for monitoring quality.

We continued to seek clarification from the provider to validate evidence found.

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 remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection, we identified risks to people and the care environment were not well managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst we identified some areas of improvement, the service remained in breach of regulation 12.

- People's skin integrity was at risk of harm. People were not being repositioned in line with the frequencies stipulated by health care professionals to prevent them from developing skin pressure damage. This was of particular concern where people were seated during the day and staff were not assisting people to move around, as no records of changes to their position and posture were recorded.
- The condition of people's skin was not consistently checked. Records contained gaps where staff were meant to confirm they had checked the condition of a person's skin. This did not demonstrate staff were following the management plans within people's care records to ensure any changes in their skin conditions were identified and acted on promptly.
- People were not always receiving regular baths or showers. Records reviewed showed some people were going 12 days with only a strip wash rather than a bath or shower, when their care records stipulated the need for a minimum of weekly showers to protect the condition of their skin.
- Management of individual fire safety needed to improve. The risk management plans for people that smoked were not consistently followed. This was of particular concern when individuals used flammable creams on their skin.
- Weight management plans were not always followed. Where people required additional calories added to their diet, recording of this was inconsistent. This was of particular concern where records showed an overall poor food intake on certain days. This did not demonstrate staff were always following the health care professional guidance in place.
- Risk items needed to be stored securely. People were observed to enter other people's bedrooms, open drawers, and take items accessible without staff support. We found kettles in open plan kitchenettes, and the risks of this had not been assessed. We also found batteries, craft, and gardening items, as well as food and alcohol not stored securely. Thorough risk assessments were not in place. This was of particular risk for those people living with dementia, reliant on staff to keep them safe.
- Topical medication administration records contained gaps in staff signatures. Records did not demonstrate people were consistently having their creams applied to manage and protect the condition of their skin.

- Covert medicine records need further development. Where people required their medicines to be placed in food or drink to ensure they were taking them, the records showed consultation with health care professionals, but did not confirm what food or fluid the medicine could be safely mixed with to ensure the effectiveness of the medicines was not altered by this process.
- Improvements to 'as required' medicine (PRN) protocols were in place. PRN protocols were person-centred, and clear of alternative approaches and techniques to be used before giving a person PRN medicine.

The provider did not mitigate risks to people receiving care, including in relation to the management of their medicines. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, we received assurances of the risk mitigation implemented in response to our feedback to improve individual fire safety at the service.
- Checks of water safety and fire equipment were in place. Staff were completing regular fire drills. The service had an external contractor in place to monitor water safety for legionella.
- Regular medicines audits were taking place and the inspection did not identify any concerns about people's tablets.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

At our last inspection, we identified that staff did not consistently work within the principles of the Mental Capacity Act (2005). This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found sufficient improvements had been made, and the service was no longer in breach of regulation 11.

- We found the service was mostly working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. We found 1 person had covert medicines (medication given without the person's knowledge or consent), which the GP had verbally agreed to, however no supporting paperwork was available to show the decision was taken in the person's best interest.
- Staff were recording if relatives held legal powers to make decisions on people's behalf. Improvements had been made to ensure staff were clear if relatives had lasting power of attorney arrangements in place and were placing a copy of corresponding documents on people's care records.
- Detailed capacity assessments were in place. Staff demonstrated they were working within the principles of the MCA, to support people in the decision-making process, upholding individual's rights to choose and control. Any deprivation of liberty granted was recorded and subject to review.

Preventing and controlling infection

At our last inspection, we identified infection control concerns due to the service not ensuring all equipment was maintained or replaced. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found sufficient improvements had been made, and the service was no longer in breach of regulation 15.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Our inspection findings were supported by people and relative's feedback about the cleanliness of the service.

Visiting in care homes

- People and relatives confirmed they were welcome to visit the service, and spend time indoors and outside in the garden, as well as accessing the local community. The activity staff raised money to support inhouse activities as well as excursions to events and locations of interest chosen by the people living at the service.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training. Staff were able to identify types of abuse and were clear what action they would take to protect people from the risk of harm.
- Most people told us they felt safe living at the service. However, a couple of people did raise previous incidents of people entering their bedrooms overnight. We sourced assurances that measures were in place to prevent risk of reoccurrence.
- Individual accidents, incidents and safeguarding concerns were clearly logged demonstrating what happened, steps taken to reduce the likelihood of further incidents and which agencies incidents were reported to ensure sufficient oversight of the incident. The registered manager worked in cooperation with the local safeguarding authority.

Staffing and recruitment

- Safe recruitment processes were in place. Pre-employment checks were completed, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to safely meet people's assessed needs. Staff were suitably trained and competent to meet the requirements of their role and responsibilities. Staffing rotas had inbuilt flexibility to allow for people's changing levels of support needs at all times.
- A dependency assessment tool was used to assess people's levels of individual care and support needs, to tailor the number of staff required on each shift to safely meet people's needs.

Learning lessons when things go wrong

- The service were responsive to our feedback. Our concerns were acted on, and the registered manager communicated with us to ensure we were aware of any changes implemented.

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 requires improvement. The rating for this key question has remained requires improvement. This meant 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.

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

At our last inspection, we identified the governance systems and processes in place were not always protecting people from risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst some improvements were identified, sufficient improvements had not been made, and the service remained in breach of regulation 17.

- Improvements to quality audits remained ongoing. Whilst significant overall improvements in the quality of internal audits was identified, we still found some areas of improvement in the quality and standards of people's care which had not been identified through the provider's own audits and checks in place.
- Some people's care outcomes required improvement. Improvement to individual fire safety, oversight of the completion of checks and repositioning to protect the condition of people's skin, areas of medicine management, weight management and access to risk items continued to require greater levels of management scrutiny and oversight to protect people from harm.

The systems and processes to assess, monitor and improve the quality and safety of the service remained ineffective to maintain standards and drive improvement at the service. This was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had greater choice and control. People were supported to access activities, maintain hobbies and relationships of importance, as well as having new experiences. Staff were supporting people in line with the Mental Capacity Act (2005), to support people to have personalised, empowering care.

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

- Governance and oversight systems had led to some improved outcomes for people using the service. The

registered manager told us the new electronic recording system was not without issue but had helped staff more accurately record each care intervention. Some recording issues were identified as part of this inspection, which the registered manager was aware of, and was addressing.

- Staff were up to date with training. Training and competency checks were in place to ensure staff met the responsibilities of their roles and understood their individual accountability. Staff were encouraged to hold lead roles for areas of care, this also offered consistency of approach.
- Support mechanisms had been put in place to support the registered manager, to enable them to continue to improve the service.
- Learning from incidents was embedded and helped ensure the risks of avoidable harm were reduced.

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

- Regular newsletters were sent to people's relatives. As a means of keeping relatives updated on events at the service, a monthly newsletter was sent out. This contained update information and photographs from activities.
- Staff meetings had a clear agenda. Meetings were used as an opportunity to support development and learning from incidents. They were used as a forum to drive improvements and change within the service.

Continuous learning and improving care

- The registered manager was responsive to our feedback. We were kept regularly updated on actions taken as an outcome of our inspection to improve safety and standards of care.
- The team had developed a welcome pack. In response to feedback, a service specific welcome and information pack had been developed to support people to settle into living at the service.

Working in partnership with others

- The service had good working relationships with external health and social care professionals. A person's relative gave positive feedback about the joint work between the service and a therapist to ensure their loved one had the right equipment in place to reduce their risk of falls.
- Staff worked well as a team. The registered manager gave positive feedback about the staff team, and efforts they had made to support the recruitment and retention process.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The care provider was not ensuring people were receiving consistently safe care and support, including in relation to the management of their medicines.</p> <p>This is a breach of regulation 12 (1).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The care provider was not ensuring there were good governance and oversight systems in place to maintain high standards of safe care provision.</p> <p>This was a breach of regulation 17 (1).</p>