Norfolk Care Homes Ltd

Iceni House

Inspection report

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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
Iceni House is a residential care home providing personal care and support to 57 people aged 65 and over at the time of the inspection. The service can support up to 75 people. The care home consisted of two units, one on the ground floor and one on the first floor of the building. Each floor providing single accommodation for people requiring residential or more specialist dementia care.

People's experience of using this service and what we found
Audits that had been implemented were not effective in all areas and did not ensure care records were accurate and detailed. Not all environmental risks had been thoroughly assessed to ensure people were safe from potential harm.

People did not all consume their breakfast at a suitable temperature impacting on this experience.

The management team had made improvements to the support being offered at this service since our last inspection. Although some areas required further strengthening the management team had a development plan in place to further improve the compliance of this service.

People's medicines were stored and administered safely. People received their medicines on time and as prescribed by healthcare professionals.

People and their relatives felt the care provided had improved since our last inspection and that staff were approachable.

People and their relative's feedback was regularly sought, and they were involved in shaping the support offered at the service.

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 inadequate (published 1 February 2022) and there were breaches of regulations. 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 improvements had been made however the provider remained in breach of regulation.

Exiting special measures

This service has been in Special Measures since 01 February 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
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.

We carried out an unannounced focused inspection of this service on 13 December 2021. Breaches of legal requirements were found in relation to safe care and treatment, staffing and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Iceni House on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance and oversight at this inspection.

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

Follow up
We will meet with the provider and request an action plan following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Iceni 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 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
This inspection was carried out by two inspectors, one medicines 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.

Service and service type
Iceni House 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. Iceni House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection
This inspection was unannounced.

Inspection activity started on 06 September 2022 and ended on 22 September 2022. We visited the service on 06 and 07 September 2022.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
During the inspection we spoke with 13 staff, including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke to nine people who used the service and eight family members of people receiving support. We reviewed eight peoples care records, 13 medicine administration records (MAR) and two staff records. We also reviewed other records, including policies and procedures, relating to the safety and quality of the service. 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.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has improved to 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; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess risks relating to the health and welfare of people, and the safety of the care environment were not assessed and well managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● At our last inspection we highlighted concerns in relation to breakfast items going cold before being consumed by people. At this inspection this remains a concern. For example, one person's porridge was placed in their room whilst they were asleep. Numerous staff attended this person to encourage them to eat their breakfast. However, it was an hour after the porridge was served that it was consumed by the person resulting in the person eating cold porridge for breakfast. The registered manager confirmed they were looking to change the shift times to start at 7am, this would enhance the morning routines, such as breakfast.
● Two sets of patio doors had been recently replaced in communal areas of the service however these doors were found to be unlocked and not connected to the internal alarm system. These doors could be accessed at any time by people leading to a secure courtyard area. This courtyard had numerous trip hazards as well as items that could cause potential harm to people. Once the risks with the patio doors had been explained to the provider, they took immediate action to secure this area. Removing items that could cause potential harm in addition to changing the fitted locks to further reduce the risks in this area. In addition, implementing additional external contractor risk assessments to ensure areas were checked for safety once works were completed.
● Care plans were vague and gave inconsistent information. For example, one person's care plan stated a dietician referral had been made, but in another section, it said the dietician referral had been withdrawn. This level of inconsistent record keeping was identified in numerous care plans and did not ensure consistent support was given to people to keep them safe. Following the inspection care plan and daily recording training had been arranged by the registered manager to strengthen these records.
● People were observed to have access to call bells throughout both days of inspection. Staff were observed to be supporting people in a timely manner.
● At our last inspection we highlighted concerns with internal risk areas not being secure, such as laundry

rooms and cleaning rooms. At this inspection this was not identified as a concern and these areas were secure.
● People and their loved ones felt people were well supported and were safe at the service. A family member told us, "I do think that the home is now safe."

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)

● We found the service was 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.
● People were observed being offered choices on meals and fluids they would like. People told us they choose whether to spend time in their bedroom or access communal areas.

Staffing and recruitment

At our last inspection we identified risks relating to staffing numbers, supervision and appraisals. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● There were sufficient staff on duty on the days of inspection to support people. However, some staff still appeared task focused. Staff were observed walking into people's rooms on occasions without knocking and discussing the persons support in corridors. One staff was told, "Get [person] in the lounge in their comfy chair." This person was therefore not asked what they wanted to do.
● Other staff approached people in a dignified manner and were observed knocking on people's doors before entering. Some staff were also observed to be offering choices to people, especially during lunch time and engaging with people in a personal manner.
● Feedback from people and their families regarding the support from staff was mixed. Some people felt staff were approachable and responded appropriately others felt they often had to wait for staff to support them. A person said, "Staff work from one end of the corridor to another and [person] doesn't bother to use their call bell because they know they [staff] are all busy." Families we spoke too all felt that staffing levels had improved, and staff were always available when their loved ones needed them.
● Staff were safely recruited, and checks were made on their character from previous employers and on their suitability through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The majority of the staff team were relatively new in post. Training data reviewed evidenced the majority

of staff had completed training to give them the skills to safely support people. The quality manager explained staff must complete their eLearning before completing face to face training. Where staff had not fully completed their eLearning meetings were held to support the staff to ensure they were compliant with required training. If they had not completed training for an area, such as moving and handling people, they would not support in this area.

Using medicines safely

● Medicines were ordered, stored and disposed of safely and securely in line with current legislation and guidelines.
● People received their medicines as intended and staff kept appropriate records.
● There was a policy in place for administering medicines covertly (hidden in food or drink). The appropriate people were involved in the decision-making process and staff had detailed information on how to administer medicines covertly.
● Guidance for 'when required' medicines, such as pain relief, was detailed and person centred.

Preventing and controlling infection

● 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.

Visiting in care homes

● People were observed being visited by their loved ones during both days of the inspection. Visits were completed in line with current Government guidance. A person told us "I visit my relative three or four times a week."

Learning lessons when things go wrong

● The management team have reflected following our last inspection and identified areas where they could improve the service they were offering. Where areas for concern had been identified during this inspection immediate action was taken by the management team.
● The management team had completed a series of meetings following this inspection where they were beginning to re-establish management roles and put in place additional training for staff to further improve their knowledge and understanding of their duties.
● Families were positive about the changes being made to the service. A family member told us, "[The service] changed when the new management took over. Now it is very safe, and it is a very different place."

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has improved to 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.

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

At our last inspection we found the provider had poor governance arrangements in place to drive improvements and standards of safe care at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the service remained in breach of regulation 17.

● This was the second consecutive inspection where the service had not achieved a rating of good overall.
● Auditing tools were established at this service and being used regularly, however they had failed to ensure care plans were robust and give consistent information for staff to follow and that daily recording was completed in its entirety to evidence the support being offered to people accurately.
● Daily walkarounds were taking place but had failed to highlight all potential risks relating to the unsecured patio doors. The provider had implemented hourly observation checks, which included a head count to mitigate the risk of absconding but had failed to appropriately assess the risk of harm by people accessing the courtyard unobserved.
● Mealtime experiences had been audited to review the quality of the dining experience for people. However, this did not include breakfast and we have identified concerns with the breakfast experience on two consecutive inspections.

Governance arrangements in place did not drive sufficient improvements and standard of safe care at the service. This was a breach of regulation 17.

● The nominated individual and registered managed were clear on their regulatory responsibilities and ensured all notifiable incidents had been submitted to CQC.
● Handovers between staff were now documented and completed before the start of the day. These documents evidenced a full review of people and any changes within their support. We noticed on the first day of inspection these documents were not being signed by staff. On the second day of inspection this had

been actioned.
● The management team took on board feedback that was given during and following the inspection. Implementing change to improve the service where concerns had been identified.
● Policies and procedures were now sourced externally and were then reviewed by the nominated individual to bespoke them to the needs of the service. All policies reviewed detailed safe procedures for staff to follow.
● Complaints were actioned and analysed when received. Responses were shared with the complainant and were appropriate lessons learned to improve experience to people. A person told us, "The senior managers are excellent and certainly get things done and are very easy to talk with."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The service had numerous communal areas offering a variety of stimulation. These included cinema rooms, lounges and areas that had been modelled to simulate bars and a train journey. Some of these areas were seen being accessed by people during our inspection.
● Some bedrooms were personalised by people residing in them, including personal effects such as photographs to give the person ownership of their own personal spaces. The provider confirmed that people would be encouraged and assisted to personalise their room whenever the person wished too.
● The registered manager encouraged people to speak to them directly if they had anything they wanted changing within their support. People we spoke to confirmed they were happy to speak with staff and management if they had a concern.
● People were invited to regular meetings which were chaired by the activities co-ordinator, as well as a representative from management team, to ensure they heard first hand any feedback from people at the service.
● The service worked alongside healthcare professionals, as required, for the changing needs of people residing at the service. A healthcare professional told us, "Communication is good with the care home, we have a very open and transparent dialog and are looking to improve this further through regular meetings."
● Families we spoke to confirmed they were able to speak with management and their feedback was regularly sought on the support provided by means of surveys.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The care provider did not have good governance and leadership in place. Audits and quality checks were not consistently identifying risks and shortfalls. Regulation 17 (1) (2) (a) (b)