

# Select Health Care (2006) Limited

## Norfolk House

### Inspection report

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Date of inspection visit: 22 May 2015

Date of publication: 14/07/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection visit was carried out on 22 May 2015 and was unannounced.

Norfolk House provides care for up to 30 older people some of whom may be living with dementia. On the day of the inspection there were 28 people living at the service. Norfolk House offers residential accommodation and has communal areas over three floors. It is located on the seafront of Westgate on Sea. The service is situated next door to another care service run by the same provider and shares staff and management with the other service.

The service also offers respite facilities to people. This facility is used by local doctors and social services care managers. People could refer themselves for a stay at Norfolk house if they wanted to. Sometimes respite places were used for emergency situations and this avoided people being admitted to hospital.

There was a registered manager working at the service. They were also the registered manager for the service next door. The provider was in the process of training and mentoring a new manager to take over this role so each of the services had their own registered manager. At the

# Summary of findings

time of the inspection the new manager had been in post for one month. A deputy manager had also been appointed and was new to the post. The new manager supported us throughout the inspection with support from the area manager who was the providers' representative. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Before people decided to move into the service their support needs were assessed by the manager to make sure they would be able to offer them the care that they needed. If people came to stay at the service as emergency placements then the manager received an assessment from care managers from the local social services team.

People were satisfied with the care and support they received. Everyone had a care plan which was personal to them and that they or their representative had been involved in writing. The contents, information and quality of care plans varied. Care plans did not record all the information needed to make sure staff had guidance and information to care and support people in the way that suited them best and kept them safe. Potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving interventions they needed to keep them as safe as possible.

A system of recruitment was in place to make that the staff employed to support people were fit to do so. However, all the safety checks that needed to be carried out on staff to make sure they were suitable to work with people had not been completed by the registered manager.

There were not always sufficient numbers of staff on duty in the afternoon to make sure people were safe and received the care and support that they needed when they needed it. People, their relatives and staff said that sometimes there was not enough staff available and they had to wait a while for the care and support they needed. People said that they knew staff would come as quickly as they could.

Parts of the environment were looking a bit worn and tired and were in need of refurbishment and decoration. There was plan in place to address this. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection the new manager was in the process of applying for DoLS for people who were at risk of having their liberty restricted. They were waiting the outcome from the local authorities who paid for the people's care and support. The new manager showed that they understood their responsibilities under the Mental Capacity Act 2005 and DoLS. When people were unable to make important decisions for themselves relatives, doctors and other specialists involved in their care and treatment and decisions were made in people's best interest. Mental capacity assessments and decisions made in people's best interest were recorded.

Staff were caring and respected people's privacy and dignity. There were positive and caring interactions between the staff and people. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly. Staff were respectful, kind and caring when they were supporting people. People were comfortable and at ease with the staff.

People were involved in activities which they enjoyed. Staff were familiar with people's likes and dislikes, such as if they liked to be in company or on their own and what food they preferred. Staff knew how people preferred to be cared for and supported and respected their wishes.

People said and indicated that they enjoyed their meals. People were offered and received a balanced and healthy diet. They had a choice about what food and drinks they wanted. If people were not eating enough they were seen by dieticians or their doctor and supplement nutrition was provided. People received their medicines safely and when they needed them and they were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People were protected from the risk of abuse. Staff had received safeguarding training and they were aware of

# Summary of findings

how to recognise and process safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the new manager or outside agencies if needed.

Staff had support from the new manager to make sure they could care safely and effectively for people. Staff said they could go to the new manager at any time and they would be listened to. They said the new manager was very supportive. Staff had received regular one to one meetings with a senior member of staff.

Staff had completed induction training when they first started to work at the service and some had gone on to complete other basic training provided by the company. Some staff had not received the all the training they needed to make sure they had the skills, knowledge and competencies to carry out their roles effectively. The new manager had identified this shortfall and there were plans in place to make sure all staff received the training they needed. There were regular staff meetings so staff could discuss any issues and share new ideas with their colleagues to improve people's care and lives.

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out. The registered manager had not formally sought feedback from people, their relatives and other stakeholder about the service for over a year. Their opinions had not been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted upon wherever possible. Staff told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within Norfolk House which allowed them to suggest new ideas which were often acted upon. The complaints procedure was on display. People, their relatives and staff felt confident that if they did make a complaint they would be listened to and action would be taken.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 consistently safe

Risks to people were assessed and but guidance was not always available to make sure all staff knew what action to take to keep people as safe as possible.

At times there were not always enough staff available to make sure people's needs were met in a timely manner.

The provider had not followed their recruitment policy. When background checks had been applied for the registered manager had not always checked them to make sure staff were suitable and safe to work with people. Gaps in employment history had not been fully explored when prospective staff were interviewed.

People felt safe living at the service. Staff knew how to keep people safe and protect them from abuse.

People received their medicines when they needed them and in a way that was safe.

**Requires improvement**



### Is the service effective?

The service was not consistently effective

Staff had not received all the training they needed to meet the needs of people. There was training plan in place to provide continuous development and to address any gaps in staff training. Staff felt well supported.

The new manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

When a people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People and their representatives were involved in making decisions about their care and support.

People were provided with a suitable range of nutritious food and drink.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

**Good**



# Summary of findings

People and their relatives were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was maintained and respected.

People and their families were involved in reviewing their care and the support that they needed. People had choices about how they wanted to live.

## Is the service responsive?

The service was not consistently responsive.

People's care and support was not always planned in line with their individual care and support needs.

People were involved in talking about their needs, choices and preferences and how they would be met. Staff were aware of people who stayed in their own rooms due to health needs or personal choice, and were attentive to prevent them from feeling isolated.

People and their relatives said they would be able to raise any concerns or complaints with the staff and manager, who would listen and take any action if required.

**Requires improvement**



## Is the service well-led?

The service was not consistently well-led.

The provider's policies and procedures on obtaining the views and opinions of people, and those who had an interest in the service had not been adhered to.

The management team had taken appropriate steps to ensure they had oversight and scrutiny to monitor and support the service.

The staff were aware of the services ethos for caring for people as individuals and putting people first. The management team led and supported the staff in providing compassionate and sensitive care for people; and in providing a culture of openness and transparency.

Regular audits and checks were undertaken at the service to make sure it safe and running effectively. When shortfalls were identified or improvements need action was taken.

**Requires improvement**



# Norfolk House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 22 May 2015 and was unannounced. It was carried out by two inspectors.

We normally ask the provider to complete a Provider Information Return. 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. On this occasion we did not ask the provider to do this as we were responding at short notice to information and some concerns that had been raised. We looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also looked at information received from social care professionals.

We looked around all areas of the service, and talked with eight people who lived at the service. Conversations took place with people in their own rooms, and in the lounge areas. We observed the lunch time meals and observed how staff spoke and interacted with people. Some people were not able to explain their experiences of living at the service to us due to their dementia. We therefore used the Short Observational Framework for Inspection which is a way of observing care to help us understand the experience of people who could not talk with us.

We talked with two relatives who were visiting people; four care staff, kitchen staff, the activity co-ordinator. We spoke with the registered manager, the new manager and the area manager.

We also had conversations with two visiting professionals who visit the service regularly.

The previous inspection was carried out in September 2013. No concerns were identified at this inspection.

# Is the service safe?

## Our findings

People felt safe living at the home. One person told us, “Yes, I feel safe. The staff are lovely”. A staff member told us, “Some of the people living here have dementia and quite a few would be at risk of harm. Our job is to keep them safe”.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Some people were identified as being at risk from having unstable medical conditions like epilepsy or diabetes. Other people were at risk from falling over or choking. There was limited information available to give staff the guidance on what to do if the risks actually occurred. Information on how to manage the risks was difficult to find in people’s care files and it was not clear.

People who had diabetes had their blood sugar checked regularly by the staff. However, there was no guidance to tell staff what to do if a person’s blood sugar was too high or too low. There was no information for the signs staff should look for if a person’s diabetes was becoming unstable and what action they should take to try and prevent this from happening. There was no instruction on what they should do if this did happen.

Some people were at risk of choking and falling over. There was information and guidance available for each person to tell staff how to prevent this from happening but there was no instruction to say what to do for each individual if they did start to choke or fall over. People’s needs were diverse. Some people were in wheelchairs, some people were in bed, so staff would have to respond very differently to each individual. People were not fully protected against the risk of receiving care or treatment that was inappropriate or unsafe. Most of the experienced staff were able to say what they would do to make sure these risks were kept to a minimum but some staff were unsure and said they would look at the person’s care plan. There was a risk that staff may not take the correct action as they did not have the necessary information in the care plans to give them direction.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff felt that at certain times of the day they had enough time to talk with people and there were enough staff to support people. They said at other times they were rushed as there were not enough of them to meet people’s needs in a timely way. One staff member told us, “It’s better than it was but in the afternoons we are pushed. We do our best”. People and their relatives confirmed this. One person said, “I do wait for staff to come sometimes when they are very busy, but they always come”. A relative said, “They need more staff especially in the afternoons and evening”.

There was not enough staff on duty all of the time to give people the care and support that they needed at the times they wanted. The registered person employed five care staff in the morning to give people the care and support that they needed with their personal care, eating and drinking and having their medicines. The new manager was also at the service during this time. The activities co-ordinator, who was shared between the two services, spent part of the day at Norfolk house providing some activities for people. At 5p.m the staffing levels dropped to three until the night staff came on duty at 8p.m. Some people needed two staff to support them to use the bathroom or to go to bed. Staff at this time also had to support people to eat their meals, give out medicines and respond to call bells. There were times when there was only one staff available to make sure everyone was safe and there was a risk that there might be no staff in the communal areas if they were needed. If call bells went off at this time people had to wait. The new manager and area manager told us they would address this shortfall immediately.

People were left at risk as there were times when there was not enough staff on duty to make sure people were safe and received the care and support that they needed. The provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure people’s care and treatment needs were met at all times. This is a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not always recruited safely. The provider had policies and procedures in place for when new staff were recruited, but these were not always followed. All the relevant safety checks had not been completed before staff started work. Some application forms did not show a full employment history and gaps in employment had not been explored when staff were interviewed. Disclosure and



## Is the service safe?

Barring Service (DBS) check were requested for all prospective new staff but the registered manager had not looked at all the DBS checks to check new staff were safe to work with people. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). The new manager and area manager took immediate action to address this and before we left the inspection staff were bringing in their DBS checks so they could be seen. Prospective employees completed an application form, provided forms of identity and had a formal interview as part of their recruitment. Notes were made during interviews so there was a record of how staff responded to questions when they were being interviewed.

The provider did not take all the necessary steps to make sure all staff were safe to work with people. This is a breach of Regulation 19 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had policies and procedures in place for ensuring that any concerns about a person's safety were appropriately reported. All the staff members had undertaken adult safeguarding training within the last year. All were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local 'Adult Services Safeguarding Team' should be made, anonymously if necessary. One staff member told us, "I would definitely let my manager know if I suspected abuse was going on here. Failing that, I would contact social services or Care Quality Commission (CQC)". Another staff member said, "If I saw another staff member doing something they shouldn't, I'd report it to the manager. I know they would do something about it". Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff were aware of the whistle blowing policy and the ability to take concerns to appropriate agencies outside the service if they felt they were not being dealt with properly. A member of staff told us: "We take abuse very seriously. I would be comfortable to talk with the manager if I was worried." Visiting health professionals went to the service unannounced on a regular basis. They had no concerns about the safety of people at the service and were confident staff would act appropriately if confronted with a safeguarding issue.

People were safe in the environment because all areas of the service were maintained and checked regularly. The

staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. Regular maintenance checks were made on systems like the boiler, the fridge and the electrics and gas supply. The hoists and lift had been serviced to make sure they were in good working order. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. The provider was in the process of employing extra staff to be part of a flexi bank, so they had contingency plans for staff cover in an emergency.

There were systems in place to carry out monthly reviews of accidents and incidents. The new manager analysed these. They reviewed the time and place of the accident; and identified the people and staff involved. This enabled the new manager to assess if there were any patterns which were contributing to the accidents, and if there was any action which could be taken to reduce the risks. If staff were involved in incidents these were analysed. If it was identified that there was a training issue or staff had not acted or responded appropriately, this was investigated through disciplinary and counselling sessions with the new manager and staff. The staff's performance was then monitored and reviewed regularly.

Medicines were stored in a locked room and were administered from a medicines trolley. The stock cupboards and medicines trolleys were clean and tidy, and were not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines and eye drops were routinely dated when they were first opened. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the medicines administration records. The medicines given to people were all accurately recorded. The records showed that medicines were administered in accordance with the prescribed instructions from people's GPs.



## Is the service safe?

Two staff checked and signed any handwritten entries to make sure items had been correctly transcribed from the pharmacy labels. This maintained people's safety, as it ensured that the right medicines were given to the right people at the right times. There was clear guidance in place for people who took medicines prescribed "as and when required" (PRN). Staff had received training in how to

administer medicines safely and they received yearly updates to make sure they remained safe when giving people their medicines. Direct observation checks were also carried out on staff when they were giving people their medicines to make sure they were doing it safely and were competent.

# Is the service effective?

## Our findings

People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. Visiting professionals told us that staff contacted them promptly if there were any concerns and acted on the advice or changes to people's care and support.

Some staff had not completed all the training they needed to make sure they had the skills, knowledge and competencies to meet all people's needs. For example, some staff had not completed infection control training, others had not completed MCA and DoLs and dementia training. Staff told us they felt supported and that the training they had completed was good. Staff were knowledgeable about the training they had received and they were able to tell us what training courses they had completed and others they had complete. Some staff were able to explain about the dementia training they had done and how they put this into practise when caring and supporting people. The new manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. Regular training updates were provided in subjects, such as, moving and handling, first aid and infection control. The new manager had identified the shortfalls in staff training and there were plans in place to make sure all staff received the training that they needed. Staff also had the opportunity to attended other training relevant to their roles including valuing and respecting difference and allergen awareness in care.

When staff first started working at the service they completed an induction and a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the new manager to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Regular staff meetings highlighted training needs, policy or procedural changes and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns were taken seriously by the manager. Some staff had also

taken on specialist 'champion' roles like Dignity Champion, Eco Champion and Infection Control. They made sure that these specific aspects of people's care were monitored, improved and any issues that arose were addressed.

Decisions about treatment had been made in people's best interests and in line with their legal rights. The new manager and staff were aware and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). Staff told us about providing care for people who did not have sufficient mental capacity to make decisions for themselves. All the staff were aware of their responsibilities in relation to the MCA. One staff member said, "We try to get people to make decisions for themselves, even if it's a small decision but we will act in their best interests if they can't". There were mental capacity assessments in place to determine whether people had the capacity or not to make decisions and give consent. People's consent to their care and treatment was discussed with them or with their next of kin or representative. The new manager was aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions the new manager involved relatives, health professionals, advocates and social services representatives to make sure decisions were made in the person's best interest. Some people lacked full capacity to make complex decisions about their care and were given the right support. The new manager was in the process of applying for DoLs authorisations when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

Staff had one to one meetings with the new manager or a senior member of the staff team to make sure they were receiving the support to do their jobs effectively and safely. Staff said this gave them opportunity to discuss any issues or concerns that they had about caring and supporting people and gave them the support that they needed to do their jobs more effectively. Staff competencies were checked before they were able to work with people on their own. Staff also received feedback on their performance. Annual appraisals were being completed and there was a plan for everyone to have an appraisal this year. When training needs were identified staff were supported to access the necessary training. Staff received extra supervision and mentoring if issues were highlighted.

## Is the service effective?

People and their relatives said that the food at the service was good. One person told us, “The food is good now, I have to say. I didn’t like it much before but recently it’s got a lot better”. Another person said, “Well there’s plenty for me. I have no complaints”. People told us there was a choice of food and drink. One person said, “If I don’t like what’s on the menu they will make something else for me”. Most people ate in the dining room at lunch time. Each person was asked individually what meal they would like. The food was fresh and appetising. It was served promptly with attention paid to the appearance of food on the plate. People were not rushed and ate at their own pace. No-one had any complaints about the food. The staff encouraged people to sit with others at meal times so they could chat and socialise while eating, this also encouraged people to eat their meals. Lunch was a calm and relaxing time when people sat chatting. Staff were discreet and sensitive when they were supporting people with their meal. Drinks were available to people throughout the day and staff encouraged people to drink to reduce the risk of dehydration.

Those who did not wish to eat in the dining room were served food where they preferred, for example in their own rooms. If people were at risk of not eating or drinking enough their dietary intake was monitored.

Kitchen staff told us they had enough time and resources to do their job effectively. They had knowledge and information readily available about the diets that people needed. Kitchen staff had a folder containing information about people’s diets. Staff filled in a diet notification form when a person first came to the service or there were changes in dietary requirements. These contained details of what diet the person required and why. Staff regularly assessed people’s risk of malnutrition and referred to the local NHS Dietetics Service for specialist when it was

necessary. A relative told us that their loved one had recently lost weight and the staff had immediately referred them to the specialist service and they were now receiving supplement drinks to make sure they had the nutrients they needed to stay as healthy as possible. People’s individual’s likes and dislikes were taken into account. This information was obtained as part of an assessment when a person first came to the live at the service. One person said, “Oh yes, they ask us about what food I liked when I first came. You don’t go hungry here”.

People’s health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. People who had difficulty swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. Visiting professionals who went to the service on regular basis said that they were confident the staff would call them if there were any concerns and staff often contacted them for advice and support. They said the staff were knowledgeable and understood about people’s health needs. Relatives told us that the service responded promptly when their family member needed to see a doctor or to attend any other health related appointments. The new manager had been working closely with a doctor to support a person to go home and live independently. They were reorganising the person’s medicines regime so they only had to remember to take medicines once a day instead of three times a day. This could lead to the person going home sooner.

# Is the service caring?

## Our findings

People, staff members and visiting health professionals told us that people's privacy and dignity was maintained and that staff were caring. A visiting professional said, "The staff always let people know we are here and introduce us. They then explain why we are here". A person said, "I do find the staff caring. They take the time to make sure I'm okay". Another person told us, "If I close my door, they (staff) always knock before coming in. They're very polite too".

A relative said, "I visit every day. I am very happy with the care my relative receives. The staff are very friendly and kind to people. They show my relative affection and understanding". Relatives said they were able to visit at any time and were always welcome. Relatives took their families out when they wanted to.

Staff involved people in making decisions about their care. One staff member told us, "We look at the care plans and really try and support people to make decisions. If people can make decisions for themselves; we let them do that and record it". Staff understood about person-centred care. One staff member told us, "We believe that it's about putting the residents at the centre of what we do. We work around the people and what they want."

People and their relatives were involved in making decisions about their care. When people's stay at the service was planned the new manager met people before they moved into the service to check they would be able to meet their needs and to introduce themselves. They visited people in their own homes or in hospital and talked to them and their relatives about what they needed. When people came to the service as an emergency the staff spent time with them to reassure and help them to settle in. Some people arranged for their own respite care. The new manager offered flexible arrangements for them. People were able to ring up and say they needed extra support and could they come and stay for a week or two. The new manager had arranged for their stay and made sure they got the support that they needed when they returned home. A relative told us that they took part in care plan reviews, and were able to discuss any issues that concerned them. They said, "The staff always contact me if they notice any changes or if they have any concerns."

Staff had knowledge of people's needs, likes and dislikes. People were called by their preferred names and the staff and people chatted together and with each other. A person said "I get up early and go to bed when I like"; and another said, "I am really happy here." A visitor told us they thought that this service was the best choice for their relative.

People were supported to continue with their religious beliefs. People could attend church if they wanted to and there were opportunities for people to join in prayer meetings. There were visits from local church priests/vicars from different denominations. People found comfort in this.

The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and received the care and support that they wanted in the way they preferred. Those who could not express their needs received the right level of support, for example, in managing their food and drink. There was a calm atmosphere in the service throughout the inspection. When people did become distressed or agitated, staff intervened and used appropriate de-escalation techniques, including listening and distraction skills. It was evident that staff had enough skills and experience to manage situations as they arose.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear, where they wanted to spend their time and what they wanted to do. Some people preferred to stay in their bedrooms, others liked to join in the activities and some enjoyed sitting and watching what was going on. This was respected by the staff. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests. Staff responded quickly to people who requested help. One person called for a staff member to help them move to a different room. The member of staff immediately gave a kind response and went to help them.

## Is the service caring?

Relatives were able to visit whenever they wanted to. One relative said, "I come at different times every day. The care is always good no matter what time of day it is."

# Is the service responsive?

## Our findings

People had assessments before they came to stay at the service. These reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at the service. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person. If people came to the service as an emergency placement then the manager received an assessment from a care manager who worked for the local social services team. This gave the manager information about the person and how to care and support them.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. However, the information in people's care plans was not always clear or easy to follow. It did not give staff all the guidance they needed to make sure people received the care and support that they needed in the way that would suit them best.

When staff had completed the care plans using the documentation provided by the company the information was not entered in the correct places which made information difficult to find and to follow. Some guidance for people's care was written where the identified risks should have been and vice versa. Care plans stated, 'needs full assistance with all personal care', but gave no further guidance on how staff should support the person. The care plans did not explain how the person preferred their personal care to be given, or what they might be able to do for themselves and when they needed support from the staff. A care plan called 'moving and handling plan' stated, 'needs help to mobilise'. There was no guidance to say how to support the person to mobilise and how to support them to be as independent as possible. Staff said that the person was able to walk unaided but did need to be observed, there was an occasion when the person was not observed by staff when they were mobilising.

A nutrition care plan stated, 'Intervention- assistance required'. There was no guidance or information on what assistance was required. The person was able to eat

independently which was not recorded in the care plan so it was not clear what support was needed. When people had conditions like epilepsy or mental health needs there was no information about how these conditions were monitored or the signs to look out for to detect if the person's condition was deteriorating. Staff had limited knowledge about people's mental health conditions and how this may affect their daily lives. There was no information in the care plan to tell staff what action they had to take to support the person to remain as well as possible and what they should do if there was an issue. Care was not fully person centred and often what was written in the care plan was not what was happening in practice.

The registered person had not made suitable arrangements with a view to achieving service user's preferences and ensuring their individual needs are met. Care and support planning did not always meet service user's individual needs. This was a breach of Regulation 9 (1)(b)(c)(3)(b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us how they knew when people who could not communicate verbally were happy or unhappy. They were able to explain how people would behave when they needed reassurance or if something was wrong. Staff found out what the issues were and addressed them. Staff were responsive to people's needs throughout the inspection. When people asked for anything from staff they responded as quickly as they could. When a person appeared to be getting upset, the staff member explained to them that dinner was on the way. The person appeared happy knowing this. Another person requested support with cutting their dinner up. Staff did this and stopped when the person told them it was fine.

People were supported to be involved in activities they enjoyed and they told us that felt connected to the wider community outside the service. One person told us, "There's a lot to do here if you want to. There are trips to the theatre or church. I think there will be gardening going on in the summer too". Another person said, "I don't really get involved in the social side but I can see it going on all around".

The staff, including the activities co-ordinator were able to tell us about how they met the social and psychological needs of people. Each person's care plan contained a leisure and recreational assessment which was updated

## Is the service responsive?

monthly. This identified activities that people might be interested in. Staff told us people were asked on an individual basis what their cultural, social and spiritual needs were. A plan was then drawn up with the individual to ensure these needs were met. For example, some people were keen to join in group activities whilst others preferred one-to-one input from staff. There was variety of ways in which people's spiritual needs were met. The staff organised visits to places of worship. There were also regular visits by local clergy. Staff used a local minibus to take people out in the local area to places of interest, shopping or whatever they wanted to do. The staff made efforts to ensure that links with the wider community were maintained. There were visits from children at local schools as part of work to promote inter-generational understanding.

Staff encouraged and supported people to partake in the activities. There was also an activities 'planner' on public view, detailing upcoming activities in the next month. During the inspection there was a variety of activities taking place. The people said they were satisfied with the arrangements.

People and relatives told us that they did not have any concerns about the standards of care, and said they knew they could talk to the new manager or any of the staff if they had any worries. The manager and staff were approachable and said they would definitely listen if people or their relatives had any concerns. People were confident that any concerns or complaints would be listened to and properly addressed. One person told us, "The staff listen to me. I know who I would go to if I was worried about anything".

There had been two written complaints made to the service in the last 12 months. The complaints were recorded and responded to and records showed that action was taken to address the issues. People and relatives said that communication was good and the service kept them informed of any changes. As a result they felt involved in their relative's care. There were forms readily available in the entrance hall of the service so that people and their visitors could write down their views or concerns about the service.



# Is the service well-led?

## Our findings

There was a registered manager for the service. They were also the registered manager for the company's service next door. A decision had been taken by the provider to appoint a new manager for Norfolk House. At the time of the inspection the new manager had been in post for one month and was being mentored and supported by the area manager and registered manager. This was to support them to develop their management skills before applying to the Care Quality Commission (CQC) to become the registered manager for the service. The new manager was available throughout and took the 'lead' during the inspection. They were supported by the area manager and the registered manager.

The registered manager had not formally requested people, relatives or other stakeholder views about the service over the past year. There were policies and procedures in place to send quality surveys/questionnaires to gather views about the service but this had not been done. There had not been regular meetings for people living at the service or their relatives over the past year. This had been identified as a shortfall in recent audits and the new manager had planned a meeting for people and their relatives and was sending out quality survey questionnaires.

The registered person did not regularly seek feedback from people and other persons who have an interest in the service for the purposes of continually evaluating and improving the service. This is a breach of Regulation 17 (2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff said that the new manager was approachable and supportive and they could speak to them whenever they wanted to. People and their relatives told us the new manager listened to what they had to say and 'sorted things out' if there were any problems. The staff said the new manager always dealt with issues in a fair way. They said the staff group worked well together as a team. On the day of the inspection people and staff came in and out of the office when they wanted to. There was clear and open dialogue between the people, staff and the new manager.

Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their

roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held when staff responsibilities and roles were reinforced by the new manager. Managers from the other services owned by the company also met regularly with the area manager. They met to discuss issues specific to their roles and they worked together to find solutions to any problems that may have arisen and how they could improve their services.

There was a range of quality assurance audits in place to monitor the standard of the service provided. Parts of the environment were looking a bit worn and tired and in need of refurbishment and decoration. There was a plan in place to address this.

Systems were in place to respond to any safeguarding concerns and complaints. Appropriate advice was sought and actions taken to protect people and address any concerns. Staff training was audited and monitored. The new manager and area manager had recognised that there were gaps in areas like training and care planning. Action plans were in place to address the shortfalls and improvements were being made to make people receive the care and support that they needed from a staff team that had the knowledge, skills and competencies to undertake their role.

Our observations and discussions with people, staff, visiting professionals and relatives, showed there was an open and positive culture between people, staff and management. People and staff, who raised concerns, were supported and issues they raised were taken seriously. Safeguarding matters were dealt with in an open, transparent and objective way. Any untoward incidents or events at the service were reported appropriately and action was taken to prevent them from happening again. The new manager shared information with outside agencies like the CQC and the local authority.

The organisation's visions and values were to support people to be as independent as possible while keeping them safe. The staff involved people as much as possible in daily activities. Staff were compassionate and respectful when speaking with people and their relatives. They took time to listen and offered solutions to situations. One relative was concerned that their relative might have to move from the service if they became too frail. They were

## Is the service well-led?

reassured by the new manager that they would do everything they could to make sure the person could stay at the service and receive the extra support and care that they would need.

Staff provided people with choices and care, which was personalised to their needs. People were given choices about how they wanted to live their lives and spend their time. People were supported to go out in the local community; they were given choices about how they wanted their bedrooms decorated and what colour schemes they preferred. Staff said that their aims were to

make sure that people got everything they needed. They wanted the service to feel like people's own home where they were respected and cared for. Professionals who visited the service said

the service was well run. They said staff knew the people well and were able to discuss people in detail and give them the information they needed. They said that they thought the atmosphere at the service was calm and organised.

The new manager understood their responsibilities with regard to their registration with the CQC and was in the process of registering with the CQC.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.**

People were not protected against the risk of receiving care or treatment that was inappropriate or unsafe

Regulation 12 (2)(b)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People were left at risk as there were times when there was not enough staff on duty to make sure people were safe and received the care and support that they needed. The provider had not deployed sufficient numbers of staff to ensure people's needs were met.

Regulation 18 (1)

### Regulated activity

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.**

The provider did not take all the necessary steps to make sure all staff were safe to work with people.

Regulation 19 (2)(a)(b)

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person Centred care.**

The registered person had not made suitable arrangements with a view to achieving service user's preferences and ensuring their individual needs are met. Care and support planning did not always meet service user's individual needs.

Regulation 9 (1)(b)(c)(3)(b)

### Regulated activity

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.**

The registered person did not regularly seek feedback from people and other persons who have an interest in the service for the purposes of continually evaluating and improving the service.

Regulation 17 (2)(e)