# Norse Care (Services) Limited

# Ellacombe

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Ellacombe Residential Home is a care home without nursing for up to 45 older people, some living with dementia. The home is situated over two floors, the first floor serviced by a lift.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

At our last inspection on 10 and 12 May 2016, we found the service required improvements in areas of effective, responsive and well-led. At this inspection, we found that improvements to these areas had been made and these areas were now rated as good.

There had been improvements in staff competence. Staff had received training in areas specific to the people they were supporting and this helped to make sure that people received competent care individual to their needs.

The quality and the choice of food had improved. People's nutrition and hydration needs were met. People had a choice of freshly cooked meals and a choice of drinks was available to everyone throughout the day.

At the last inspection in May 2016 people did not have enough occupation. At this inspection there were staff dedicated to providing this to people. People were supported to maintain their interests and engage in activities and conversation.

There were improved, effective systems in place to monitor the quality of the service and these were used to develop and improve the service.

The home was safe and staff understood their responsibilities to protect people from harm or abuse and had received relevant safeguarding training. Staff were confident in reporting incidents and accidents should they occur.

There were effective processes in place to minimise risk to individuals. Assessments had taken place regarding people's individual risks and clear guidance was in place for staff to follow in order to reduce risk.

Staff understood the importance of gaining people's consent to the care they were providing to enable people to be cared for in the way they wished. The home complied with the requirements of the Mental Capacity Act 2005 (MCA).

People's privacy and dignity were promoted and they had good relationships with staff who were kind and caring towards them. People were encouraged to be as independent as possible and make their own

choices.

Staff had good knowledge about the people they cared for and understood how to meet their needs. People planned their care with staff and relatives, and people were supported to access healthcare wherever necessary and in a timely manner.

The management team was visible throughout the home and people found them approachable. They found the registered manager addressed any concerns. People were encouraged to provide feedback on the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Staff knew about safeguarding procedures. Risks to individuals were assessed and managed safely.

People received support with medicines safely if they required it.

There were enough staff to support people and they were recruited safely.

### Is the service effective?

Good

The service was effective.

Staff received effective training and were competent in delivering care to people. Staff received supervision and support.

Staff supported people with their meals and drinks when required, and to access healthcare.

Staff asked people for consent and were aware of their capacity to make decisions.

### Is the service caring?

Good

The service was caring.

Staff delivered a high standard of compassionate care to people. They built trusting and supportive relationships with people and their families.

Staff respected people's privacy and dignity and encouraged independence where appropriate.

People were involved in making decisions about their care.

### Is the service responsive?

Good

The service was responsive.

Staff were flexible when people's needs changed and responded

effectively.

There were clear plans for people's care with guidance for staff on how to meet people's needs.

People and their families were confident to raise any concerns should they have any, and knew who to contact.

## Is the service well-led?

Good

The service was well-led.

There was good leadership in place. The registered manager was supportive to staff and there was high morale. The staff worked effectively as a team.

There were systems in place to assess, evaluate and improve the service.

# Ellacombe

**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 checked 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.

This inspection took place on 29 March and was unannounced. The inspection team consisted of one 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.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with ten people and four relatives. We also spoke with seven members of staff including the registered manager, an activities coordinator and five care staff including a team leader. We checked five people's care records and nine medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records.

Good

# Is the service safe?

## Our findings

During this inspection we found that the service remained safe. One person said, "I feel very safe", and this was reflected by all of the people we spoke with. A relative said, "When [relative] came here, a massive weight was gone." They said that they no longer worried about the person's safety since moving into the home.

Staff were trained in safeguarding and all of the staff we spoke with were able to give examples of different forms of abuse. They knew how to protect people from the risk of abuse. They also told us they would report any concerns to the registered manager, local authority or the CQC.

People's care records contained individual risk assessments which included their mobility and health needs. For example, where people had sustained a fall, associated action plans were in the care plan resulting from it. Risk assessments had been carried out in other areas including for people's nutrition and pressure care. Staff were able to tell us how they look for any pressure areas. We looked at associated records which documented people's risk of developing pressure areas and found these were detailed, and action was taken if people's risk increased. Where needed, additional equipment such as a pressure relieving mattress had been supplied. Systems were in place to minimise the risk of people developing pressure ulcers, and where a risk had been identified by staff, prompt action was taken.

Staff were confident in reporting and recording incidents and accidents. These were reviewed by the registered manager and they took action to further mitigate repeat of accidents where possible. For example, for one person who had sustained a fall, a pressure mat was put in place so that staff could attend quickly if the person got up by themselves.

There were risk assessments in place for the building and environment. Lifting equipment, heating and electrical equipment had been tested. We found that equipment for detecting, preventing and extinguishing fires was tested regularly and that staff had training in this area. Each person living in the home had a risk assessment in place and there was information for the fire service on evacuating people individually. We saw that equipment identified as part of this risk assessment was available.

One person said, "I do feel there could be more staff. There are times when they take quite a long time but they always tell me if there is going to be a delay." They said that this did not have a negative impact on their wellbeing. The other people we spoke with told us they felt there was enough staff. A relative told us, "Staff have time, they are there, I don't see them rushing around." The staff we spoke with told us that the staffing levels had improved since our last inspection, largely due to the provision of full-time activities staff. Two staff members told us they still felt they did not always have extra time to have chats with people. We observed during our inspection that staff were not rushed, and were able to give people attention when needed and chat to people as well as deliver care when it was needed. We looked at the staff rota and saw that staffing levels were as the registered manager had told us. The registered manager told us they used a dependency tool, and reorganised staffing when necessary according to what the needs within the home were. We concluded that there were enough staff to ensure a safe standard of care was maintained.

The organisation's recruitment policies contributed to promoting people's safety. Prior to people being employed within the home, there were checks in place for the Disclosure and Barring Service (DBS) and references.

Staff managed people's medicines safely using a comprehensive system. They were trained in managing medicines and received regular checks regarding their competencies. New staff shadowed others on medicines rounds before being observed by more experienced staff and being deemed competent. People living in the home confirmed that staff supervised them taking their medicines, and that they knew what they were taking and what for. There were clear protocols in place to guide staff in administering 'as required' (PRN) medicines. This minimised any risk that people would be given medicines inappropriately or incorrectly.

Medicines were stored securely at the correct temperature. Other creams, lotions and ointments were kept in locked cupboards, some within people's rooms and clearly labelled. Some people living in the home had the opportunity to administer their own medicines and this was stored and recorded appropriately.

We looked at a sample of medicines administration records and found that they were detailed with pictures of each person on the front of their individual sheet along with information such as how they preferred to take their medicine and any allergies. This helped to minimise errors being made by staff. Staff audited the signatures within the charts daily, which meant that they picked up any missed signatures as soon as possible. We saw that this was largely effective and that the registered manager discussed any errors with the staff member concerned. We did find that one person had not received a medicine when they had returned from hospital, and this had not been identified. The registered manager said they would investigate this immediately.

Good

# Is the service effective?

## Our findings

During our last inspection in May 2016, we found that improvements were needed for the service to be effective. Improvements were needed in staff's competence in dealing with continence care, as well as the quality and choice given relating to food, and the availability of fluids. We found during this inspection that significant improvements had been made in these areas.

Since our last inspection staff had undertaken training in catheter care. Additional training had been sourced for stoma care, however all staff within the home had also been taught how to deliver this care internally. Staff told us that there was more consistency in staff competence across the team, and that they delivered care confidently to people, including people's continence care. We looked at one person's care records and saw that catheter care was recorded properly. We received no concerns about this area of people's care.

We saw that the availability of drinks within communal areas of the home had improved significantly. There were machines which dispensed hot drinks and water which people, relatives and staff could use at any time. One person told us they liked the coffee machine, "You can help yourself and it's very good." There were also jugs of cordials and water within all the communal areas and people's rooms. We saw that people had a drink available to them throughout the day. We also saw that staff offered people additional hot drinks regularly.

People were given a choice of what they wanted to eat. There was a choice of two hot meals per day, and some people requested something different if they wished. People were offered second helpings. The people we spoke with said they enjoyed the food and received a choice, and this was also reflected by relatives we spoke with. The food looked appetising and was served on warm plates. We saw that for people living with dementia who may find it difficult to make choices based on a verbal question, staff showed them plates of the food they could choose from at the time of the meal being served. One staff member told us that people who received a soft diet did not get as much choice. We saw that they received a choice of two hot dishes every day at lunch, but that one of these options was the same daily.

We looked at some charts where staff recorded people's food and fluid intake, for example if they were at risk of not eating or drinking enough. We saw that these were filled in throughout the day so that staff could see whether people were receiving an adequate amount. Where they had concerns about people, they had been referred to a dietician. This demonstrated to us that there were systems in place to identify if people were at risk, and actions were taken if people were not eating or drinking enough.

People were supported by staff who had relevant training and were competent in their roles. The organisation's mandatory training for care staff included manual handling, infection control, food hygiene, first aid and fire safety. The registered manager told us they had also received training from a specialist in tissue viability who had visited to provide this to staff. The staff we spoke with had completed the Care Certificate, which is a qualification in health and social care.

We saw that staff interacted well with people living with dementia, and three staff members told us about training they had received in dementia care, which consisted of classroom and computer learning. One staff member told us about additional specialist training they had undertaken to become a 'dementia lead'. They said this had helped them understand people's processing of information when living with dementia, and understand that they make take longer to process what someone has said to them, for example. They said it had helped them communicate with people, and understand them more. They expanded on this explaining that they had learned more about how dementia can affect vision, hearing, taste, language and touch.

Staff told us they had supervisions when they needed them and they felt supported at work. They said they could meet with the registered manager at any time. Staff had yearly appraisals in place in order to discuss progress, concerns and any further training. There was a comprehensive induction process which included shadowing more experienced staff, and having competency assessed by a senior staff member. New staff were subject to a probationary period, when their skills were reviewed, and they received feedback on their practise by senior staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. We saw that mental capacity assessments had been carried out and were decision-specific. Staff demonstrated to us that they understood people's capacity, and the importance of making decisions in people's best interests where they did not have capacity to make them. We observed that staff sought consent from people prior to delivering care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for DoLS authorisations for some people living in the home, and one had been granted. The others were waiting to be processed, and in the meantime, we saw that people were only deprived of their liberty using the least restrictive methods possible.

People received support to access healthcare. One person said, "There was one day when I wasn't feeling very well, they (carers) thought I needed a doctor even though I didn't, they still called one out." A healthcare professional we spoke with confirmed that staff liaised with them whenever necessary, and followed any recommendations for people's health. The home regularly facilitated visits from healthcare professionals such as district nurses and chiropodists.

The environment had improved in the home significantly, following some redevelopment, and this had contributed to the atmosphere and feeling of wellbeing in the home. One person told us, "The environment is very civilised, it's well decorated." A relative said, "It has been modernised and it is much better, there's been quite an improvement." Staff told us the environment had added to a pleasant atmosphere in the home for them to work in, as well as for people to live in. There was a dining area upstairs, which meant that people no longer had to go down in the lift to gain access to a dining area for meals. Some people did not want to go down so they sat in their chairs and ate their meals. Since the dining area had been created upstairs, more people ate at the tables and enjoyed the mealtime experience. One member of staff said, "[People] eat better now that they sit at the table." The changes in the environment also meant that staff had more time to spend with people at mealtimes as they were no longer escorting people up and down stairs for their mealtimes.

There was a pleasant feel to the communal areas that had been redone, and the flooring was better for people's mobility needs, being laminate rather than carpet and easier to move frames and equipment along. We saw that there were more dementia-friendly aspects to the environment such as different coloured door frames down certain corridors to assist people to find their way back to their room. The redevelopment was on-going and some areas of the home were still awaiting completion.

Good

# Is the service caring?

## Our findings

During this inspection, we found that the service continued to be caring. One person told us, "The staff are very pleasant." Two people told us how approachable the staff were, one saying, "They are remarkably caring, most staff listen to what I want, I know who to ask." Another told us "I know I can talk to staff if I have a problem." This demonstrated that staff built positive, trusting relationships with people. This was also confirmed by relatives. A relative told us, "The staff team are consistently kind and nice." Another family member described the positive impact that the approach of the staff had on their relative. They said, "[Relative] was really distressed before – she's much calmer now. It's the staff's friendliness."

We saw that staff interacted well with people, and took time to ask after them if they went past. A relative also confirmed this to us. We saw that staff were appropriately affectionate towards people, offering a hug or reassuring touch to some people.

Staff were thoughtful towards people, for example one staff member said the team always bought daffodils in from their gardens for one person's room, because they knew they liked them. They said the person appreciated this and brightened up their room. Staff had time to get to know people. The activities staff member told us, "I feel like I'm much more in tune with [people] now." This was because they had had the time to spend with people getting to know them better.

Staff encouraged people to maintain their independence where possible, and this ranged from gentle prompts, to physical support. One person said, "The staff give me encouragement with things like shaving, there are some very good people here." A visiting relative told us, "They are all good, [relative] is very well cared for and they encourage [them] to be as independent as possible." A staff member explained how they encouraged independence with people who were living with advanced dementia following some further training they had received. They gave an example, explaining that they physically guided the person to brush their own hair, supporting them to hold the brush and make the correct movements so that they could remember how to do it and participate more in their personal care.

People had control over their own care and staff respected their choices. One person explained, "I can get up for breakfast or have it in bed if I like." Another person, in referring to how they preferred their personal care to be delivered, said, "I do get choice." A relative said that staff supported their family member, who was living with dementia, to make choices, for example of what they wanted to wear or drink. A healthcare professional confirmed to us that choices such as whether someone wanted to go into hospital or not, were also respected. People's families were kept involved in their care where appropriate. A relative gave an example of when there had been an incident involving their family member, "The staff were really good and called me and kept me informed."

Staff respected people's privacy and dignity. "People always knock before coming into my room, I've never had anyone just come sailing in." Another person said, "Staff are always polite, they knock before coming in". One relative explained that their family member, who was living with dementia, was not able to ask for support for personal care. They told us that staff knew exactly what signs to look for if the person required

this support, and this meant their dignity was upheld because staff were able to identify when care was needed.  A staff member explained how with some people, they offered them personal care regularly and discreetly. They explained that some people who were living with dementia required prompting in these areas in order to maintain their dignity. This meant that staff had good knowledge of different people's requirements concerning dignity and privacy, and how they required support in upholding these as much as possible.

One person told us, "My family can visit whenever they like."  This was confirmed by the other relatives and people we spoke with. The meal times were protected for people, so if they had visitors with them the registered manager arranged for them to have a private area away from the main dining areas to eat together. The registered manager told us this helped people living with dementia to concentrate on their meals and avoid distress, being familiar with their surroundings and people around them.

Good

# Is the service responsive?

## Our findings

During our last inspection we found that improvements were needed for the home to be responsive. This was because we found that people did not have enough occupation and interaction. We found their preferences were not always met. During this inspection, we found that significant improvements had been made to these areas.

There was daily full time staff dedicated to providing activities and interaction to people. All of the staff said this had greatly improved since our last inspection. One said, "[People] really feel they're getting somebody to talk to now." Staff also had time to interact and chat with people. One said, "You do see more staff sitting and chatting with people now." Some staff said they would still prefer more time with people, but they all told us that the activities staff had made a real difference to people's lives as they received more stimulation.

People were supported by staff who knew their needs well. We saw that people's life histories had been recorded in their care plans, and these included pictures, for example, of where people had lived or worked. This helped staff to get to know people and have a point of conversation to start. We spoke with one member of staff employed for activities. They told us that a large part of their role was to find out more about people and share this information with care staff so that they had a point of reference for discussion. They said this gave people more opportunity to engage, and bring people together to connect where appropriate. An example of this was they had found that two people had gone on the same holiday in the past, and this created a talking point.

Staff worked to people's preferences regarding when they got up and went to bed. All of the people we spoke with confirmed to us that they chose when they wished to go to bed and get up, even if they required assistance from staff. The staff we spoke with said that they supported people to have bath or showers when they chose.

People were asked their preferences regarding the gender of the staff delivering care to them. One person did tell us that they preferred to receive support from a female carer and that they sometimes accepted support from a male carer as a female was not always available. The staff told us that they consulted the person about this at the time, and obtained consent to deliver care, and the person had agreed rather than wait for a female carer. Staff told us that they respected choices of gender whenever they had been specified.

People had regular opportunities to engage with people, and there were more staff dedicated to activities. One person said, "I like to join in with the activities when I can." There was a weekly timetable for activities so that people could see what was on offer and whether they wished to join in. There were daily activities on offer, such as pampering, flower arranging, quizzes or games. These were flexible according to what people wanted to do. The activities staff member said, "Some days I feel I've achieved so much, made people smile and laugh."

There were also opportunities for people who preferred to stay in their rooms or were cared for in bed,

which included reading or talking, and doing quizzes with people, or go out in the garden. One person told us that they had been a keen bird watcher. They told us "A relative brought me a bird feeder to attach to my window which the staff did.  They maintain it, make sure there's food for the birds." Another person told us, "I like to read, I get a paper."  This demonstrated that staff made efforts to ensure people had the opportunity to access to things they enjoyed.

People's religious preferences were provided for. A relative told us, "[Relative] has faith and there is a weekly service." The registered manager confirmed this and said they also had other faiths within the home which they respected.

People had also received the opportunity to go out, and the activities staff had walked a few miles with one person returning from a hospital appointment because they wanted to walk through the city. They said the person had really enjoyed this and told them a lot about their own history in the areas they walked through.

The registered manager told us they had hosted Christmas for several families in the home, and decorated different areas for them. They had tables within these areas so that they could have a private family meal on Christmas Day. They said they had received very positive feedback about this.

Care records contained a detailed pre-assessment which had taken place to ensure the home could meet people's needs before coming to live there. We saw that detailed care and support plans were in place, and contained concise guidance for staff on how to meet people's needs. These included areas such as supporting people to move, supporting with health and personal care, eating and drinking as well as communicating. The care records also contained information about people's preferences and emotional wellbeing.

People received individualised care that was responsive to their needs. One person said, "They made an assessment and they stick to it, the care they provide is responsive to my changing needs." A relative also told us that the staff were responsive to one person's changing needs following a stay in hospital. They described how staff worked together to find solutions to the person's new requirements, for example, how best to change their room around so they could use a hoist to support them to move. They said they developed the initial care plan with the person and family member, and that they continued to be involved in reviewing this.

People and their families knew who to go to if they had any concerns or complaints. One person said, "If I was worried about anything I'd talk to the manager or I'd ask [staff member]." Another person said. "If I have any concerns I will talk to either the manager or deputy manager and I have confidence they'll sort it out." The registered manager had introduced a comments book in the dining room so that people could write in it to give feedback on the food. There were meetings for people living in the home, which were held at three monthly intervals throughout the year. This provided an opportunity for people to discuss the running of the home, and any concerns, with the registered manager. We saw that feedback was encouraged and any issues raised had been resolved appropriately. There had been no recent complaints received.

Good

# Is the service well-led?

## Our findings

During our inspection in May 2016, we found that improvements were needed for the home to be well-led. This was because there had been a recent period of change in management and staff, and not all systems were in place to pick up any concerns within the home. During this inspection, we found that there were many improvements in this area.

The registered manager had a system in place to check staff competence, and this was done at least yearly or more if required. This included observing how staff interacted with people and delivered direct care to them. We saw that the observations had been recorded in detail about what they found. There was also a system in place for checking staff competence in administering medicines. We saw that these were effective and the management team could assure themselves that staff administering medicines were doing so safely.

There was a daily auditing system in place to check the MARs, and we saw that this was effective as we saw one missed signature which had already been identified from the day before. Action was already planned to speak with the staff member responsible. There had been one other omission which had not previously been identified, and the registered manager said they would investigate this immediately. Individual medicines and associated records were audited on a three monthly basis, and this had not yet been completed for this person. The medicines were audited monthly, which included checking stock, records, and storage temperatures.

There were other audits which included a night quality visit from external staff from the organisation. This audit was carried out every two months. The staff member checked different areas of service delivery such as care plans, staff files, training needs, and daily records. We saw that any areas in need of improvement had been identified. These had then been completed within a timescale. The registered manager's monthly audits also checked that care plans were up to date. They also sent a monthly report to the head office to inform them of updates, for example, any CQC notifications and any incidents or accidents.

One person said, "[Registered manager] does a good job, she's always responded to any questions I have." One relative told us that when they required information from the registered manager, "The communication was very good." The registered manager told us they had an open door policy, for people to be able to come and talk to them any time. We saw that the registered manager was visible around the home, knew people well and communicated with people and their families during our inspections.

There was good leadership in place. One member of staff said that the team leaders were stronger since the last inspection, and staff worked well together. Another member of staff said, "The team are great, I couldn't ask for better people to work with." They also said that support from management was, "Brilliant." This was reiterated by all of the staff we spoke with. A healthcare professional we spoke with told us they felt there was effective communication and good team work amongst the staff. This helped them to obtain relevant information about people when it was needed.

The home had worked with others in the community and had taken part in a trial alongside the local university. This was around 'making drinking fun', a project aimed at encouraging hydration for people in a care setting. They also had the library visiting the home regularly, creating memory books with people. This was on-going and the next project was planned, which the registered manager told us would be 'music mirrors.' This involved encouraging people to get involved with an activity involving music and sound.

The registered manager knew what was required in terms of notifying the CQC or other agencies of any incidents, and had completed these accordingly.