Care UK Community Partnerships Ltd

Norfolk House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 29 September 2016 and was unannounced.

Norfolk House is a purpose built care home with nursing which can accommodate up to 76 people. On the day of the inspection there were 59 people living at the service, some of whom were living with dementia.

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 and associated Regulations about how the service is run.
At our last inspection of Norfolk House in September 2016 we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

Staffing levels within the service had increased and people told us that staff responded promptly to requests for support. However, some people told us that the responsiveness and flexibility of staff at busy times was reduced. Whilst staff were generally attentive to people's needs and spoke to people kindly, we observed occasions where interaction with people was lacking.

Risks to people had been assessed and staff had taken appropriate action to reduce these risks. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. Appropriate checks on staff were completed before they started work, to help ensure only suitable applicants were employed. Staff understood safeguarding procedures and were aware of the whistle-blowing policy. Medicines were managed safely and people received their medicines in line with their prescriptions.

People were supported by staff who had the skills and experience needed to provide effective care. Staff had induction training when they started work and ongoing refresher training in core areas. Staff received regular supervision which gave them the opportunity to discuss their performance and training needs.

People's legal rights were protected as the registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff routinely asked for people's consent prior to supporting them.

People enjoyed the food provided and could have alternatives to the menu if they wished. People's nutritional needs had been assessed and action was taken where substantial changes to people's weight was noted. People were supported to stay healthy and to obtain medical treatment if they needed it. Staff monitored people's healthcare needs and sought advice from healthcare professionals if they became unwell.

Staff understood the importance of respecting people's privacy and dignity. Relatives told us they were welcomed to the service and there were no restrictions on the times they could visit. People had opportunities to take part in activities at the service and to go out to local places of interest.

Assessments were completed prior to people moving into the service and this information was used to complete detailed care plans. Records of people's care were regularly reviewed and people and their relatives were involved in the process. Details of people's life histories and preferences were recorded and used by staff to prompt discussion.

Quality assurance audits were completed and actions were addressed where improvements were required. There was a system in place to deal with people's comments and complaints had been addressed.

The registered manager provided good leadership for the service. Relatives told us the service was well run and that the registered manager was open and approachable. Staff told us the registered manager provided good leadership and promoted a positive culture at work. They said they felt the service had improved since the registered manager had been in post. People and their relatives were involved in the running of the service through regular meetings and where changes were requested the registered manager took action.

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.

There were sufficient numbers of staff deployed although people's choices were restricted at busy times.

Systems were in place to safeguard people from abuse and staff were knowledgeable about their responsibilities

Safe medicines systems were in place.

Risks to people's safety and well-being were assessed and control measures implemented to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their role.

People had a choice of food and drinks and their nutritional needs were met.

People were supported to access healthcare support and professional advice was followed.

People's legal rights were protected as staff acted in accordance with the MCA.

Is the service caring?

Requires Improvement

The service was not always caring.

There was a lack of spontaneous interaction with people at times.

People told us that staff treated them with kindness.

People's privacy and dignity were respected.

Visitors were welcomed to the service.

Is the service responsive?

Good

The service was responsive.

There was a complaints policy in place and complaints and concerns were addressed.

People were supported by staff who knew them well. Staff were aware of people's needs and preferences.

People had access to a range of activities.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place and action was taken where it was identified that improvements were required.

People, relatives and staff told us the registered manager had made positive changes to the service.

People were asked for feedback on the running of the service through resident and relatives meetings.

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 29 September 2016 and was unannounced. The inspection was carried out by three inspectors, a nurse specialist and an expert by experience. The nurse advisor specialised in supporting older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed records held by the Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We asked the provider to complete a Provider Information Return (PIR) before our inspection. The PIR 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.

As part of our inspection we spoke with nine people who lived at the home and observed the care and support provided to them. We spoke with eight relatives, six staff, the registered manager and clinical lead. We also reviewed a variety of documents which included the care plans for ten people, five staff files, medicines records and various other documentation relevant to the management of the home.

Good

Is the service safe?

Our findings

There were sufficient staff employed to meet people's needs although some people expressed concern regarding the responsiveness of staff during busy periods. During our last inspection in September 2015 we found there were not always enough staff employed to ensure people's needs were being met. At this inspection we found that staffing levels had been increased and people did not have to wait for care. One person told us, "When I call for help, they generally come quickly." One relative told us, "When we press the call bell, someone comes very quickly." Call bell records confirmed that people were responded to promptly and we did not see people waiting for care during the inspection. The registered manager used a dependency tool to establish the staffing levels required and rotas showed these levels were consistently exceeded. Staff told us they felt they had enough time to spend with people. One staff member told us, "We prioritise our work and share it between us so we have time to spend with people."

Other people expressed concern that staffing levels were not flexible in enabling them to make choices regarding their care. One person told us they were supported to have a shower in the morning once a week. They had requested this more frequently but had been told that due to the demands on staffing at this time staff would only be able to support them to shower more frequently in the afternoon which was not the person's preference. Another person told us they rose early in the morning so they did not have to wait for their personal care. They told us, "Staff start with me at 06.00 to 06:30. It's that or 09:30 or 1000. On the day I have a shower I am not ready until nearly lunchtime because I wait until 10:00 for staff to be free."

We recommend the provider reviews how staff are deployed at busy times to ensure sufficient staff are available to meet people's needs and preferences.

People and their relatives told us they felt the home was safe. Comments included, "Yes, I have been safe. It's a modern building, that makes it safe.", "I have felt safe in the time I have been here. There is good security here." And, "She is, without a doubt, safe here."

People were protected from the risk of abuse. There were up to date safeguarding and whistleblowing policies in place and guidance for staff was displayed around the service. Staff were able to describe their responsibilities in safeguarding people and received regular training in this area to ensure their learning was up to date. Staff we spoke to were able to tell us the different categories of potential abuse and were clear about their responsibility to report any concerns. One staff member told us, "People here are vulnerable and it's our responsibility to keep them safe. If I saw anything I would report it to the manager. If they didn't act I would use the whistleblowing procedure and tell the local authority."

Risks to people's safety and well-being were assessed and control measures implemented to keep them safe. At our last inspection we found that risk assessments were not detailed or specific to the person. During this inspection we found improvements had been made. People's care files contained individual risk assessments and gave guidance to staff on how to support people safely. Risks identified included mobility, falls, skin integrity, anxiety and nutrition. One person's care file recorded they could become anxious during personal care and guided staff on what action to take should the person refuse. Staff were able to describe

the person's needs in detail and told us, "If (name) is shouting and upset I would speak in a calm low tone and give reassurance. We will then come back or try a different staff member a little later." Another person had been assessed as being at risk of falls from bed. The risk assessment gave guidance that the bed should be placed at the lowest height and crash mats placed at the side of the bed. We saw that this guidance had been followed.

People were cared for safely as accidents and incidents were monitored to identify trends and action taken to minimise risks. Records of accidents and incidents were maintained and reviewed by senior staff and the manager. Where required people's care plans and risk assessments were updated to ensure the support provided was appropriate to meet their needs safely. One person's file showed that following a fall their risk assessment and care plan had been updated to show the additional support they required from staff when transferring between chairs.

There were safe medicines administration systems in place and people received their medicines when required. People told us that staff supported them with their medicines safely. One person told us, "I get my medication when I should and they watch me take them." One relative told us, "She does get her medication when she should." Medicines were stored safely and each person had a medicines administration record (MAR) in place which contained a recent photograph of the person and details of any allergies. MAR charts were up to date and completed promptly following each administration. Stock checks of medicines stored were completed regularly and records of medicines returned to the pharmacy were maintained. Where people were prescribed PRN (as required) medicines, protocols were in place to guide staff and we observed that these had been followed.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. Staff files we looked at contained evidence that the provider had obtained a Disclosure and Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained evidence that a face to face interviews had taken place references obtained to demonstrate that prospective staff were suitable for employment.

Routine checks were carried out on the premises and fire safety equipment. Equipment such as hoists, slings and wheelchairs used to support people was serviced regularly. However, records showed that routine maintenance was not always carried out in a timely manner. One person's toilet seat had been reported as broken in June 2016 and had not been repaired. Another entry in the maintenance book recorded a light over a sink had not been working for two months. We spoke to a senior staff member who assured us they would address these issues and later confirmed this had been done.

Fire risk assessments were completed and each person had an personal emergency evacuation plan in place to guide staff and the emergency services on the support they would require should they need to evacuate the building. A contingency plan had been developed which highlighted the action which should be taken in the event of an emergency or if the building could not be used. Staff were aware of their responsibilities detailed in the plan which ensured people would continue to receive the care they required.

Good

Is the service effective?

Our findings

During our last inspection in September 2015 we found that people's legal rights were not always protected as the principles set out within the Mental Capacity Act 2005 (MCA) were not consistently followed. Adequate training was not provided to clinical staff to support them in providing effective care. At this inspection we found that improvements had been made in both of these areas and that regulatory requirements were now being met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's rights were protected because the staff acted in accordance with the MCA. People's care plans contained mental capacity assessments and best interest records regarding specific decisions around their care and wellbeing. These included decisions regarding locked doors to the area, supporting people living with dementia and the need for constant support and supervision. Best interest decisions involved staff, relevant professionals and, where appropriate, family members. Where appropriate DoLS applications had been submitted to the local authority in a timely manner and gave detailed information regarding the decision and how it had been reached.

Staff received training in relation to the MCA and were able to demonstrate their understanding. Staff were observed to gain people's consent prior to supporting them and routinely informed people what was happening when providing care. Staff we spoke to had a good understanding of the MCA and were able to describe the importance of gaining people's consent and how this impacted on their work. One staff member told us, "Some people who do not have capacity need time, always ask them about what you are going to do before you do it. If someone is reluctant then return after a period of time and check again."

People and their relatives told us they felt staff had the skills they required to support people well. Comments included, "The staff are good at their jobs so they must be well trained.", "Staff are very well trained. They get a tremendous amount of refresher training." And, ""I do think the regular staff are well trained."

People's needs were met by staff who had access to the training they needed. Staff had received training which included dementia awareness, health and safety, infection control, fire safety and medicines management. The registered manager maintained a training matrix which alerted them when staff were due to complete refresher training. The matrix showed that 96% of required training had been completed. Staff

told us the training they received was useful in supporting them in their role. One staff member told us, "We have plenty of training which helps in our job, especially the dementia and diabetes training." New staff received an induction into the service which included the completion of mandatory training and spending time shadowing more experienced staff member to learn people's needs.

Clinical staff received regular updates with regards to clinical training. During our last inspection in September 2015 we identified that clinical staff had not received regular training in relation to the use of syringe drivers and tissue viability. The registered manager had addressed these concerns and staff confirmed they had received the training the required. As clinical staff had not had the opportunity to use their learning regarding syringe drivers they continued to receive support from the district nursing team should someone require this type of care. The registered manager had also arranged regular refresher training in this area.

Staff received regular supervision to support them in their role. Records of staff supervision and appraisals were maintained which showed that staff received supervision in line with the provider's policy. Staff told us this gave them an opportunity to discuss their progress, share any concerns and monitor their training needs. One staff member told us, "Supervisions give you encouragement and keep you motivated." Annual appraisals were completed with all staff where their progress over the past year was assessed and objectives for the coming year set.

People had access to a range of health care professionals, who worked with staff to provide ongoing health care support. One person told us, "When I was unwell they got the doctor to come in. We had the dentist and chiropodist in the other day. They keep on top of everything." A relative said, "The doctor came to see her and they communicated with me. She has a gastric problem and they deal with it well." Records evidenced that people's healthcare needs were monitored and that, where required, health action plans were in place. One person's file showed that they were at risk of developing pressure sores. Plans were in place to support the person to change position regularly and maintain a good fluid intake. Regular checks were made of the person's skin integrity and prompt action taken where concerns were identified.

Staff acted on advice from health care professionals and information was available to staff on how people's support should be provided. One person's file recorded that the physiotherapist had made recommendations regarding a specialist cushion to make the person more comfortable and the type of sling to be used. We observed staff had followed this guidance and their relative confirmed this. Another person had detailed plans in place which were completed with the support of a specialist Parkinson's nurse. The person confirmed the plans were followed. They told us, "They do everything the way it should be done and I always get my medicines at the right time."

People told us they liked the food and were able to make choices about what they had to eat. One person said, "We get choice and the manager has improved the food. If I didn't fancy a dish, there is another choice." Another person said, "The meals are okay and there's always a choice. I can have something different if I want."

People's nutritional needs were regularly reviewed and people were supported to maintain a healthy diet. Where people required support with specialist diets staff were aware of their needs. The chef was provided with information regarding people's specific needs and preferences when the moved in and was updated when changes occurred. The chef was able to inform us of which people required a diet designed for people with diabetes. They described the steps they took to make sure food was safe for them such as using specialist sugar substitutes when baking. People's weight was monitored regularly and action taken where concerns were identified. One person who had lost a significant amount of weight had been referred to the

GP and prescribed fortified drink supplements. Their care plan and risk assessment had been updated and staff were monitoring the person's weight weekly to identify any further concerns.

Requires Improvement

Is the service caring?

Our findings

People and their relatives told us that staff treated them with kindness. One person told us, "The staff are wonderful, kind and helpful in every way. I can't thank them enough" and "There are some staff here that are outstanding". Another person said, "It's one of the best homes for miles around. The majority of staff are very good. I would say, exceptionally good." One relative told us, "The staff are very friendly. It's excellent here, I have nothing but praise. The personalisation is very important to me."

At our last inspection in September 2015 we found that people were not always treated in a caring and compassionate way. During this inspection we found improvements had been made although further development in some areas was required. Due to concerns during the last inspection that people did not have a choice regarding the time they woke up in the morning, we started our inspection at 7am. We found that 12 people were awake and had been supported with their personal care over the three floors of the service. We spoke to five people who confirmed they had chosen to get up. One person told us, "I don't like to waste the day." We looked at records for two further people which evidenced they had been awake for some time prior to getting dressed. Two staff members told us that they would not wake people to support them with personal care. However, one staff member told us they were required to support a set number of people with personal care to help the day staff. They told us, "They are usually awake anyway but sometimes we need to wake people up." This demonstrates that this member of staff was working in a way that suited the staff team rather than individuals. We spoke with the registered manager regarding this. They told us that all staff had been informed that people should not be woken and staffing levels had been increased to reduce the pressure on staff working during the day.

Staff interaction with people varied. We observed four people sat in one of the lounge areas for a 30 minute period. The two staff members present were focussed on cleaning tasks. Staff cleaned around people without interacting with them. We observed another person sat at a table for 40 minutes, they were looking straight ahead for 20 minutes before falling asleep. Staff were present but did not interact with the person directly during this time, even when cleaning and setting the table where they were sitting. This does not demonstrate real compassion when staff are so engaged with a task they are unable to interact with people.

In contrast we saw some staff interact positively with people throughout the inspection. One person chose to spend time walking around the communal areas. Staff stopped and spoke to the person when they passed and enquired if they wanted anything. One staff member asked the person if they would like to go to the garden and supported them to go for a short walk. Another person became anxious and started to cry. Staff observed this and immediately comforted the person, gently rubbed their back whilst talking to them. One person approached a staff member to apologise for the way they had spoken to them earlier in the day. The staff member readily accepted their apology and discussed this briefly. They then moved onto a more positive conversation to demonstrate to the person the incident was over.

We recommend that the provider ensures that they monitor staff practices to make sure that staff are supporting people with their care at a time of their choice and engaging with people appropriately.

People were treated with dignity and their privacy was respected. One person told us, "The staff are kind and polite. They give me respect when dealing (supporting with personal care) with me." One relative told us, "The staff do treat all residents with dignity and privacy." We observed that staff knocked on people's doors and waited for a response before entering. When supporting people with their personal care this was done discreetly. One staff member told us, "Before I carry out personal care I would ask for their consent and make sure I do it how they would like it. I'd always cover people and give them privacy when they need it. I let people do as much for themselves as they can."

Visitors were welcomed to the service and relatives told us they were updated of any concerns. One relative told us, "I am made very welcome when I visit, there are no restrictions to when I can come." Another relative said, "The staff always welcome us and always let us know about anything that's happened. They are wonderful." During the inspection three relatives asked to speak to us as they wanted to share how well the service supported both their family members and themselves. One relative told us, "I can't tell you what a difference this place has made to all of us. Mum is so well looked after and so are we. They understand the pressures families are under."

Good

Is the service responsive?

Our findings

There was a complaints policy in place and people were informed how they were able to raise concerns. The manager kept a central log of complaints which showed that where written complaints had been raised these had been investigated and measures implemented to ensure concerns did not reoccur. Where verbal concerns were raised action was taken to address the issues.

At our inspection in September 2015 we found that people were not always receiving care in line with their needs and preferences and care plans were not completed in detail. During this inspection we found that some improvements had been made. Care plans contained detailed information and staff were aware of people's needs and preferences. People and their relatives told us they felt they received the care they required. Comments included, "I am well looked after, I get what I need", "I do feel I get the care I need and expect" and, "I do feel Mum gets the care she needs. It's second to none."

Assessments were completed prior to people moving into the service to ensure their needs could be met. Assessments showed that people were involved in the assessment process and where appropriate relatives were consulted. One person told us, "They visited me in hospital before I came. They asked me about everything so it was right for me." Information gained during assessment was transferred into people's care plans. Care plans were detailed and included guidance relating to people's life histories and preferences. One person's care plan stated they would not always eat at mealtimes. Staff should keep their meal and offer again at a later time. We observed that staff checked on the person frequently during lunch. When they did not eat their meal they reassured the person they would keep it for them. We saw that the person later ate a portion of their meal. Staff were able to describe people's needs. One staff member described how one person was being supported to stop smoking. They told us how the plans had been developed with the person and we saw they received the support they required. Records showed that care plans were regularly updated and people and their relative were involved in reviews.

People had a range of activities they could be involved in. One relative told us, "Gran is well looked after and enjoys the activities. She loves painting, baking and finds the activities very stimulating." One person said, "There are plenty of activities going on and I join in with everything. I think the activities programme is varied enough to suit all." A four week activity programme was designed by the activity co-ordinator and included exercises, spiritual time, bingo, cards, reminiscence and a range of visiting entertainers. The activity co-ordinator told us that they spoke to people when they moved in and reviewed the assessment information so they were aware of their hobbies and interests. They told us, "We try to tailor activities as much as possible." One person had previously been a volunteer with the British Legion, making poppies for remembrance day. The service had organised for the British Legion to supply the equipment required so they were able to continue with this. Another person's relatives had said that one person had always enjoyed housework. Records showed the person was supported to wash up and to dust their room.

People were supported to access activities within the local community. Trips included visits to the garden centre, local pub and coffee shop. We observed people preparing to go out during the afternoon of the inspection. People were enthusiastic and told us they were looking forward to going out. The activity co-

ordinator told us that people had requested additional community activities and this had recently increased to ensure everyone who wished to participate was given the opportunity. The activities co-ordinator told us they visited each person daily to deliver a copy of The Daily Sparkle, a reminiscence newspaper which includes quizzes and activities. We observed an activity worker deliver the papers and have a short conversation with people.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the home was well-led. One person told us, "I know the new manager, he's approachable. In the time he's been here, things in general are better." A relative told us, "The manager is very friendly and approachable. As far as I can see, the home is run very well."

System were in place to monitor the quality of the service. Regular audits were completed by the provider and registered manager which checked systems including, staff interaction, care plans, accidents and incidents and staff training. Where concerns were identified action plans were developed and delegated to the relevant staff members. The last audit conducted had highlighted that clinical staff required refresher training in the use of syringe drivers. We saw that this had been booked and staff told us they were aware of the date. In addition the provider completed a number of internal audits including accidents and incidents, medicines management and care file reviews. A medicines audit had highlighted a number of PRN protocols had not been signed by two staff members. We observed that this had been completed and protocols were in line with the provider's policy. The PIR submitted to the CQC demonstrated that the manager was aware of the on-going concerns within the service. For example the PIR noted that staff recruitment in the area remained difficult which had led to agency staff usage. The registered manager told us that since the submission they had made a number of appointments and were awaiting recruitment checks to be completed.

As reported improvements had been made with regards to some aspects of the service. Staff told us the registered manager provided good leadership and promoted a positive culture at work. The registered manager came into post shortly before our last inspection in September 2015. Staff told us there had been positive changes in the service since this time and they felt the supported in their roles. One staff member told us, "I'd say he was the best manager we've ever had here. He's really supportive with everything and very fair." Another staff member told us, "It took a while to get used a new manager but he's very good. We know what he expects of us. If he says something should be done we know he means now and not in two weeks. He'll listen to what we say. All the managers here are good." A recent staff survey showed a high level of satisfaction from staff working at the service.

People and their relatives were asked for feedback on the quality of the service provided and involved in decisions. Regular resident and relatives meetings were held to discuss developments within the service and to give people the opportunity to feedback on their experience. One relative told us, "I only have to mention something and they do it. I said I thought the parasols in the garden were too small, the next time I came in there were new ones there." During the inspection people and relatives expressed concern regarding the decision to carpet communal hallways. They told us they had raised their concerns during a residents meeting and did not feel they had been listened to. We spoke to the registered manager who told us the decision to carpet hallways was based on advice given by a specialist in developing environments suitable for people living with dementia. They had discussed this at a residents meeting and people had been in agreement with the plans. Following the meeting the registered manager informed us that they had delayed the fitting of the carpet until a full survey of people's views had been completed.

Records relating to people's care were accurate, up to date and stored appropriately. Staff completed daily notes for each person which detailed the care they had provided. Records were stored electronically and staff had access to sufficient IT equipment to ensure records were updated. Basic care plans were kept in printed files to ensure staff had access to information should the IT system be unavailable.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.