

CareEast Limited

Culrose Residential Home

Inspection report

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Culrose residential home provides personal care to up to 20 people older people. At the time of the inspection there were 17 people living in the home.

Care Homes

The home comprised of one building over two floors. A lift was available to access the upper floor. A large extension had been built which was waiting to be registered. Once registered the home would be able to accommodate a further 12 people.

The home had a large lounge and separate dining room. Kitchen and laundry facilities were available on the ground floor. Five of the rooms had full ensuite facilities with others having sinks. There were four communal bathrooms to the ground floor and one on the upper floor. All rooms in the new extension were ensuite.

The home provided support to older people some of whom were living with early onset dementia.

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

Some risks had been identified in relation to the fire safety regulations which had not been addressed. The manager took action to address these immediately. We also noted some people's risk assessments did not contain all the most recent information. Recruitment files did not hold references for everyone employed and medicine administration records were not always accurate. Again, the manager took action to address some of the concerns immediately they were informed.

There were enough suitably qualified staff employed to meet people's needs and the home was kept clean and free from the risk of infection. Staff were aware of safeguarding procedures and reported any concerns as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies, systems and records in the service did not support this practice.

Staff told us they felt supported but formal records of how this was done were not available, other than records of training attended and their initial induction to the role. The extension was well designed and the registered manager was taking steps to ensure the space offered appropriate orientation tools for people to safely and confidently move around the space. People enjoyed the food and any special diets were catered for. Where referrals were required to external agencies for more support these were made as necessary.

Due to the provider moving to a more electronic based care planning system the oversight of this was not yet developed, to a standard required to support good governance. Audits which were being undertaken did not identify any concerns or areas to improve. The registered manager acknowledged they were to better

use the tools on the new system to generate reports which effectively monitored the service delivered. All the staff we spoke with told us there was nothing they would change about the job they did. They all felt supported and told us they were equipped with all the necessary equipment and expertise to deliver the support people needed. People's opinions were formally gathered and steps were taken to address any shortfalls.

Very positive relationships had developed between people in the home and the staff. The home was warm and friendly. People in the home were involved in the day to day management of the home and had influence over the decoration of the extension. We saw people asked their views consistently over the inspection and saw choices were given to people routinely this included access to a wide range of alcoholic beverages to have with their meals. People were encouraged to be as independent as they would like and were able.

The activities coordinator and all staff in the home knew people well. We heard friendly conversations about people's hobbies and suggestions for events and visits into the community. People told us they got the support they wanted when they wanted it and that all the staff could engage in conversation with them, about things they were interested in. Information in people's plans of care were written specifically for the individual and included suggestions to cheer people up if they were in low mood. All complaints were managed professionally and effectively to people's expectations and when people received end of life care it was delivered in line with best practice guidelines.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection - The last rating for this service was good (14 April 2017). We found the service had deteriorated and is now rated Requires Improvement.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

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

Enforcement - We have identified breaches in relation to risk management, supporting people to consent to their care and effective governance and oversight.

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

Follow up - We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Culrose Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Culrose Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed all the available information we held on the provider and sought feedback from partner agencies and professionals. We also looked at any information available in the public domain.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with nine staff including the registered manager, chef and carers. We spoke with six people who lived in the home and one visiting relative. We asked their views of the service they delivered and received.

We looked at documentation at the home including five staff recruitment records and nine care plans. We looked at other information including medicines records and management information used to monitor standards of the service provided.

After the inspection –

The registered manager shared information with us after the inspection to assure us they were taken steps to address any areas identified that required action. We did not receive one document requested to assure us action was to be taken to address potential fire risks.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- A fire risk assessment had been completed in August 2019, which identified six amber actions that had not been completed or assigned for completion. The actions impacted on the safety of any potential evacuation.
- The registered manager begun to make phone calls on the day of the inspection to address the concerns. These included cleaning of the fire escape from the upper floor of the building and ensuring doors which were key coded released when the fire alarm was activated. We requested the timescales for completion of the work to be sent following the inspection but this had not been received by time of writing this report.
- We saw records used to manage the risk to people with open wounds were out of date and risk assessments were not updated when risks reduced and wounds healed.
- When people were at a greater risk of falling out of bed, bed rails were used to better support them. However, risk assessments were not developed to identify the risk and show how the use of the bed rails reduced the risk.

We found no evidence that people had been harmed however, systems were either not in place or were not updated to identify current risks and how they were to be managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw the professional testing of equipment was regularly completed in line with best practice and legislation.

Staffing and recruitment

- We reviewed five staff recruitment files and found information was not readily available within them. This included references from previous employers, copies of interview records and details of checks under the disclosure and barring scheme.
- We discussed this with the registered manager who sourced information as required and forwarded to the care quality commission shortly after the inspection. This assured us people were safely recruited.

We recommend the provider ensures all information under Schedule 3 of the Care Act is available in personnel files.

- There was enough suitably trained and competent staff to meet people's needs.
- When people needed support, this was provided in a timely way.

Using medicines safely

- Records kept for the safe management and administration of medicines were not consistent.
- Where there were medicine administration records for short term medicines the record was not always an accurate description of the prescription. This included how and when to take the medicine.
- Topical and liquid medicines were not always dated when opened. This is done to ensure the medicine is used within its best by date.

We recommend the provider ensures current and relevant professional guidance about the management of medicines is followed.

- Medicines were safely administered and people received their right medicines at the right time.
- We completed a consolidation of five medicines and they were found to all be accurate.

Learning lessons when things go wrong

- The registered manager had been heavily involved in the strategic oversight of the service and the development of the extension. This had resulted in some aspects of oversight being missed.
- The registered manager was aware of this and had sought provider permission to recruit to a head of care position which when filled would be the registered managers deputy.
- The current building had limiters to its use due to size and storage. As such the extension housed a new large and purpose-built medicines room and sluice room.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in protecting people from abuse and showed a good understanding of this. One staff member told us, "I look forward to coming to work, we look after people as we would like our parents looked after."
- Posters were displayed on notice boards identifying when there could be concerns and who to contact to share concerns with. This ensured appropriate action could be taken to ensure people were kept safe.
- People told us they were "perfectly safe" and trusted staff to keep them well looked after.

Preventing and controlling infection

- Domestic staff were employed and told us they had everything they needed to keep the home clean.
- Schedules of work completed to keep the home clean were kept and monitored by the manager.
- Staff received training in infection control and used appropriate personal protective equipment to reduce the risk of infection and cross contamination.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the 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 had the appropriate legal authority and were being met.

- There was limited information to support the principles of the Mental Capacity Act were implemented.
- Where people had applications made under the DoLS these were based on generic information and not appropriate decision specific assessments.
- There was not any information to show the provider had considered any actions taken were in people's best interest and were the least restrictive option.
- When people living with limited capacity were supported with bed rails, decision specific assessments had not been completed and consent had not been acquired to support the decision.
- Some more general consents had been acquired for people living with capacity but primarily these had been signed by staff on behalf of people living in the home.
- Staff had limited knowledge of the requirements of the MCA when making decisions in people's best interest.

We found no evidence that people had been harmed however, the principles of the MCA were not being implemented in line with legal requirements. Where people could give consent there was not consistent evidence to show this had been attempted. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the day of the inspection the registered manager and senior had begun to review care file information

for people whose capacity may fluctuate. They also told us they were to acquire formal consent from those who were able to do so immediately after the inspection.

- Throughout our inspection we saw consent was gained before any intervention and people told us they were consistently given choices to decline care and support.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by both their peers and the registered manager. However, there was limited records of staff supervision and team meetings.
- Staff told us they were observed to ascertain they were competent in the administration of medicines and moving and handling but again there were limited records to support this.
- The registered manager told us they had an open-door policy and staff came to them when they wanted to discuss any concerns or issues. Staff confirmed this was the case.
- Staff consistently displayed competence in the role they were undertaking and we had no concerns in relation to the training they received. The mandatory training was well attended and the provider sourced specific training when this was required.
- The dementia bus was due to attend the home shortly after the inspection. The bus allowed staff to perceive the bus layout via a virtual tour as if they were living with dementia. Staff told us they were looking forward to this additional training.

We recommend the provider ensures there are records kept of formal supervisions and team meetings to support staff with direct and formal knowledge for the roles and responsibilities they are accountable for.

- The registered manager had a supervision template developed ready for completion. They assured us they were to schedule and record formal supervision moving forward.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager undertook complete and thorough assessments of people's needs prior to them moving to reside at the home.
- They had an excellent understanding of the skill set of the staff at the home and managed this along with both potential residents and those already living in the home to determine if new people's needs could be met.
- Only people whose needs could be met were offered a placement in the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good and when people had specific dietary needs these were met.
- Where people were at risk of losing weight, records were kept of what they had eaten to ensure they ate enough of the food they liked.
- The chef worked with people in the home to design a menu which accommodated their likes and dislikes and people told us there was always two choices available.
- We saw staff ask people their menu choice whilst we were completing the inspection and people were offered alternatives if they didn't want any of the menu options.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to external professionals when people's health care needs prompted this.
- We saw the home contacted professionals as requested. When referrals were not responded to in a timely way, we saw they made additional contact to peruse referrals where necessary.

Adapting service, design, decoration to meet people's needs

- Investment had been made into a large extension. This was well decorated and designed to meet the needs of the people living in the home.
- The registered manager told us they were to do more work on the extension to ensure it better supported people living with dementia, to ensure it met people's needs in this area.
- The remaining part of the building was due to start a period of refurbishment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Each staff member we spoke with knew people in the home well. We saw good examples of positive interactions between staff and people, including friendly banter and supportive gestures, encouraging people to be involved with their daily lives.
- People told us they were supported as they wished and could access daily activity of their choosing including newspapers, television and other organised activities.
- A visiting relative told us, "I have been to visit a lot of care homes. Since [family member] has been here, they are eating better, their mobility is better and their cognition has much improved and they are getting involved in activities. They are a million times better, am so happy."
- When discussing the new build with the registered manager we were told the new build atrium had been nicknamed the "hub of love". This was because people had been so involved in discussions about how the space was to be used and how it should be designed and decorated.

Supporting people to express their views and be involved in making decisions about their care

- There were regular resident meetings which showed people had been involved in the design and decoration of the extension.
- Some people already living in the home had reserved rooms in the new build and this was supported.
- People were able to request drinks of their choice with their meals and a resident of the day could pick a favourite meal for the menu that day.

Respecting and promoting people's privacy, dignity and independence

- Staff were always respectful to people as they spoke with them.
- Where people were able to make decisions and do things for themselves they were encouraged to so. This included when to have baths/showers and their meals.
- People were supported with making their own meals if they choose and the new extension had a kitchenette built to the side of the dining room to make this easier for more people. One person told us, "I can get my own tea if I want." The new kitchenette would enable people to access their own drinks and light snacks, 24 hours a day.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support needs were assessed with the person involved and all those important to them as requested.
- Comprehensive and person-centred plans of care were developed from initial assessments and reviewed regularly upon admission to ensure information was accurate.
- We saw plans of care that gave good person-centred guidance for staff when delivering support. This included how to use the hoist sling for one person who had a painful arm and another who showed signs of distress during personal care. Each instruction took account of the person's specific needs and detailed a method of support which had been agreed to address any difficulties or obstacles in delivering the support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person became anxious at certain times whilst receiving support. Staff had found a piece of music, which they liked and comforted them. The piece of music was played at times when the person became anxious.
- Another person had begun to become forgetful and a book had been used for family to write in. It included when they had been to visit and when they would be back, what they had discussed and what if anything had been agreed.
- We saw staff read the contents of this book with the person and it obviously provided support for the person
- Each person's care file had details of whether they wore glasses and hearing aids and prompts of how to support the individual with them. For example, when to change batteries, whether glasses were for reading or general vision.
- Pictures had been taken of the meals served by the home's chef and were to be used as prompts when people choose their food option for the day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had an activities coordinator that worked each weekday. Staff engaged people in activities at the weekend
- People were asked what they liked to do and this information was used to develop a weekly activity

planner. Monthly newsletters were distributed to everyone highlighting previous events and upcoming opportunities. The newsletter also included more general information about the running of the home.

- There were organised trips into the community and visiting entertainers and members of churches came into to the home to deliver activities.
- Activities were meaningful and included a programme of pet therapy and the hatching of duck and chicken eggs. The young chicks were then kept for 10 days before returning to the owners. People we spoke with enjoyed this.

Improving care quality in response to complaints or concerns

- A complaints procedure was available on both notice boards and in people's folders in their room.
- Where complaints were received they were managed in line with the procedure and people were happy if they had any issues they would be managed effectively.

End of life care and support

- At the time of the inspection there was not anyone being supported at the end of their life.
- Staff were trained in end of life care methods and told us they were confident in delivering sensitive support which met people's cultural and spiritual needs.
- People had been involved in decisions about end of life care including preferences in the care they should receive.
- We saw representatives from the home attended people's funerals and the order of services were kept in a book of memorial.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

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

- The provider had moved to electronic systems and had begun to use these well. However, oversight of the impact and any associated risks of this was still in its infancy.
- A governance framework was yet to be developed to incorporate the new systems and audit tools. Where monitoring tools were used for areas such as medicines and health and safety they were not effective as all identified no action required.
- More work was required to identify themes and trends from the collation of information including accidents/incidents, Complaints, weight loss etc, to allow the provider assurance, the service being delivered was meeting people's needs.
- The electronic system had an array of performance monitoring tools which were yet to be put to good use. When utilised they would allow effective action planning and evidence of continuous improvement.
- The registered manager was aware of this and was due to deliver this piece of work shortly but it was not in place at the time of the inspection.

We found no evidence that people had been harmed however, the governance system was still in its infancy and what was in place was not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notifications to the Care Quality Commission to inform us of certain events were received as required and the latest report was available on display in the main entrance.

Working in partnership with others

- The provider worked with local opticians, dentists and chiropodists to deliver a regular programme of support to meet people's needs.
- Local groups and day centres were involved in cross organisational programmes where attendees would visit the home for day care and people in the home would attend the day centre.
- The activity coordinator worked with the local library to source information of interest to the people living in the home. On the day of the inspection one lady highlighted she had been an extra in a film and the coordinator was to source the film for people to watch.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff we spoke with were all very positive about working at the home and most were longstanding staff, some for over 10 years. Newer staff identified the support they received when starting at the home as excellent and feeling like joining a family.
- When asked if there was anything that could be improved or they would change, all staff told us "No". If things needed to change they were always in hand.
- The provider had a rewards package for staff which included free coffee from baristas houses, bonuses for attendance, nominations for employee of the month and an employee assistance programme.
- One person living in the home was eager to show us, the change in them since they had been there. We were shown a picture of them just prior to admission and could see a much healthy and happier person stood before us.

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

- Annual surveys were completed by both staff, people and their relatives and visiting professionals. We reviewed in detail the most recent survey completed by staff and the people living in the home.
- The staff survey highlighted that 100% of staff knew what was expected of them at work and 90% of people living in the home would recommend it to others with primary response stating the home was excellent and very good.
- Resident meetings included evidence of people being involved with choosing activities and trips out, menu options and the use of the new space within the extension.
- People were asked where they wanted to dine and table service was set up with name plates for those that regularly ate together.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 (1) Formal consent was not always acquired from people for the support they received and where people may lack capacity the principles of the Mental Capacity Act were not routinely implemented.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) a b d. Where risks had been identified they were not always managed and risk assessments did not always reflect the most up to date information.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) a b The governance system was to be developed allowing oversight of the service delivered. Current systems were not effective at identifying concerns.