

Iceni Care Limited

Iceni Lodge

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

When last inspected, Iceni lodge was providing short stay respite care for up to two people. Iceni Lodge now provides residential care for one permanent person, who has learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for the person using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The person's support focused on them having as many opportunities as possible to gain new skills and be independent.

Iceni Lodge offered one to one and group activities through attending a day service run by the same provider. Staff showed empathy, kindness and compassion, and placed value on their caring roles and involvement in the person's life. The care provided was flexible to meet assessed needs and preferences.

The service worked with the person and their family to complete end of life care planning to ensure provision of high standards of care and support at that stage of their life. The service had good working relationships with the local GP practice and learning disability healthcare professionals.

The service worked in partnership with the person and encouraged feedback on the care provided. We received positive feedback from the person about the service they received. Staff told us they enjoyed working at Iceni Lodge and spoke highly of the support provided by the registered manager.

The person had their care and support needs met by sufficient numbers of suitably trained staff. The care environment was clean and comfortable throughout. The service had governance arrangements in place and completed regular internal quality checks and audits. Findings from these were reviewed by the registered manager and nominated individual and used to continually drive improvement within the service.

Rating at last inspection: Iceni Lodge was previously inspected 20 October 2016, rated as Good overall with Requires Improvement for the Safe key question. The report was published 3 February 2017.#

Why we inspected: This was a scheduled, comprehensive inspection, completed in line with our inspection schedule for services rated as Good.

Follow up: We will continue to monitor this service and will reinspect in line with our schedule for services rated as Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Iceni Lodge

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

Consisted of one inspector.

Service and service type

Iceni Lodge is a 'care home'. People in care homes receive accommodation and personal care as a 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 nominated individual are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, the registered manager and nominated individual were on leave. We therefore liaised with the residential services manager and general services manager in their absence; and sourced additional information from the nominated individual and registered manager after the inspection visit.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to be sure we would have the opportunity to speak with the person and staff at the service.

What we did before the inspection

We reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make. We used all this information to plan our inspection

During the inspection: We spoke with the person living at the service and observed care and support provided in communal areas. We spoke with the residential services manager, the general services manager and two members of care staff. We looked the person's care and support records and their medicine records. We also reviewed staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

After the inspection, we sourced additional information from the registered manager, this was provided within agreed timescales.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person told us they felt safe living at the service. They gave a thumbs up and said "Yes" when we asked if they felt safe and looked after by the care staff.
- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding. They recognised types of abuse and understood their individual responsibilities to report concerns. The service kept a log of safeguarding alerts submitted to the local authority and the corresponding notifications submitted to CQC.
- The residential services manager told us that physical and mechanical restraint was not used at Icení Lodge, and that staff were trained in the use of de-escalation techniques to support in the management of behaviours which challenge. Examples of incident reports reviewed during the inspection supported this information.

Staffing and recruitment

- Safe recruitment practices were in place to ensure staff were suitable to work with vulnerable people.
- Staff and the person told us there were enough staff on shift. Staff told us they would cover for each other if needed in the event of sickness or absence to ensure consistency of service.
- The residential services manager told us the staffing rota was designed with flexibility built into staffing levels to allow for activities and attendance at appointments.
- Staff were familiar with lone working policies and procedures and told us they felt well supported by the management and on-call staff team.

Preventing and controlling infection

- The standards of cleanliness were good throughout the service, with no malodours identified. Regular audits of the environment including of cleanliness, were in place including spot checks of the person's bedroom and communal areas
- Staff had access to personal protective equipment such as aprons and gloves.

Learning lessons when things go wrong

- There was a written log of accidents and incidents. The residential services manager oversaw the monitoring of this information, completing internal investigations and implementing actions to reduce the risk of reoccurrence where applicable.
- The residential services manager reviewed incidents for themes and patterns and liaised with healthcare professionals. We discussed examples where evidence from thematic reviews of incidents had been used to support the person to access changes in their medicines.

Assessing risk, safety monitoring and management

- Personal Emergency Evacuation Plans (PEEPS) and fire risk assessments were in place, recognising specific support needs for people with learning disabilities and autism. Staff had up to date fire safety training. The service had had a recent fire risk assessment completed of the premises, which identified some action points to be addressed. We sourced a written action plan with timescales for completion from the nominated individual after the inspection visit.
- Care records contained detailed assessments and risk management plans for areas of care including changes in behaviour or mental health presentation and nutrition. We observed staff implementing this guidance into the care they provided.
- Environmental risk assessments were in place, with regular checks of the care environment including checks of the paperwork for medicines management and infection prevention and control.
- Equipment for fire safety and water quality checks were regularly completed to ensure that they worked correctly and were safe. The service had a new oven, the residential service manager told us they would ensure an updated risk assessment was put in place to reflect a change in this item of equipment.

Using medicines safely

- There were systems in place for ordering and giving the person their medicines as prescribed. Medicines were given by staff and recorded on Medicine Administration Records (MARs). Medicines were stored securely. Members of staff handling and administering medicines had received training and had been assessed for their competency to handle and give medicines safely.
- There were regular checks of medicines and their records, and there was a system in place to report incidents and investigate errors relating to medicines. This was an area of improvement since the last inspection.
- Concerns around the guidance in place to help staff give people their medicines prescribed on a when required basis (PRN) consistently and appropriately was identified at the last inspection. PRN medicines were not in use at the time of the inspection.

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 remained rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records were written in a person-centred way, detailing the person's preferences, likes and dislikes. They contained detailed personal profiles and documents that would be used if the person was admitted to hospital to support them while in an unfamiliar care environment. These were completed with involvement from the person and their family (where appropriate) to source life histories, hobbies and interests. Care records were reviewed and amended on a regular basis and following any incidents or changes in risk presentation.
- The person had behavioural support plans in place, to assist in the event the person experienced behaviours which challenge. Staff were confident telling us about the proactive strategies they used to effectively and safely meet the person's needs.
- The service was commissioned to provide sole care to one person at this location. Preadmission assessment information was contained in their care records, and all staff we spoke with were very knowledgeable about the person's support needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff demonstrated a clear understanding of the MCA, and what it means to make decisions in a person's best interests. Staff had received training in MCA and DoLS and we observed examples of how they implemented this into their practice. The residential services manager told us about the management plans they implemented, including use of behavioural support plans to minimise use of restrictive approaches. Staff had received training in use of de-escalation techniques and were familiar with the person's individual preferences and interests.

- The person had an authorised DoLS in place and staff were clear of the conditions attached and how these were met.

Staff support: induction, training, skills and experience

- The service held a training matrix listing completion of courses and dates for when refresher courses were due. Staff demonstrated implementation of training into their practice.
- The residential services manager gave us details about the specialist support and training provided to ensure staff had the skills and confidence to support people with behaviours which challenge. Following incidents, staff were offered support and supervision with a member of the management team, and incidents were recorded and reviewed to determine if any changes to practice were required.
- The service had an induction process, with staff shadowing shifts with an experienced member of staff to ensure they were familiar with the person's care and support needs before working on their own.
- The management team held regular staff meetings and incorporated discussions around policies and procedures, incidents and areas of improvement, for example identified through their quality auditing processes.
- Staff received regular supervision and annual performance-based appraisals.

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

- The service had a good working relationship with the local GP practice and learning disability healthcare professionals.
- Care records showed the person was supported to visit the dentist and medical appointments. Staff gave examples of reassurance strategies use to ensure the person felt confident and safe to attend appointments. Care records also showed that staff supported people with management of their oral hygiene, and the person told us they had cleaned their teeth that morning when we spoke to them about their daily routine.

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

- The service was accessible, and the person was independently mobile throughout the service, with access to outside space and their own vehicle.
- There was signage in place to assist the person or new staff with familiarising themselves within the environment.

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

- The service recognised the importance of people having a healthy and varied diet in relation to the maintenance of good health and wellbeing. The person showed us their meal planning folder, which contained healthy recipes, which they chose and worked with the staff to make a meal plan for the week; shop and cook their meals. Staff ate with the person for company and social stimulation during meal times.
- The person told us about their food preferences, what they had eaten that morning for breakfast and what they had packed in their lunchbox ready to take with them to the day centre.
- Staff understood the important of monitoring people's health including their weight and referring concerns to health professionals where necessary.

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 remained rated as Good. 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; equality and diversity

- We observed kind, caring and polite interactions between the person and staff. The person was comfortable speaking with us due to the level of support, reassurance and encouragement given by staff.
- Staff placed value on the things that were important to the person, including protected characteristics such as relationships, friendships, hobbies and interests. Care records contained detailed information about the individual sign language signs used for each staff member, friend or family members the person was describing to ensure staff were able to maintain detailed and consistent levels of conversation with the person.
- We observed staff to knock before entering the person's bedroom and explain what they were going to do before and during the completion of tasks.
- Staff told us how important it was to treat people with kindness.
- We observed staff treating the person with compassion and affection and taking the time to have meaningful conversations, the atmosphere was relaxed, and staff put the person at ease.

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

- The residential services manager met with the person on a weekly basis to gain feedback on any concerns or issues they wished to raise. This gave choice and control over forthcoming activities and the opportunity to feed their ideas into the running of the service.
- Service improvement questionnaires were sent out regularly to source feedback from the person, their family and staff.
- The person and their family were encouraged to attend regular care reviews, and to contribute to the development of care and support plans.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence and personal choice. The person's bedroom, bathroom and communal living areas were personalised, with objects and items of personal importance on display.
- If the person experienced changes in their behaviour, mental health presentation or became unwell, staff told us about support and measures put in place to maintain the individual's privacy, dignity and safety.
- The person was empowered to be as independent as possible and placed at the centre of the care provided. Staff told us about techniques used to encourage the person to develop their levels of independence and to maintain their privacy and dignity. For example, the person had their own vehicle, driven by members of staff. This enabled them to regularly visit their family, attend day services and access the local community, without the pressures of using communal transport. The person gave directions to the

staff and planned when and where they wished to go.

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 remained rated as Good. 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; 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.

- Care plans contained detailed information for staff to follow to support the person while ensuring they maintained their levels of independence. The person told us they could wash and dress independently, requiring assistance with their socks. The person was able to tell staff what time they wished to get up and go to bed.
- Guidance was in place for staff, to ensure the person was able to express their wishes, preferences and daily needs. This included use of sign language, and unique signs and gestures devised by the person, understood by the staff.
- Where needs were identified, the service implemented accessible communication standards for example providing information in alternative formats or providing information face to face rather than in writing. Staff worked with health care professionals to provide tailored information and support, for example when supporting the person with making important decisions about their life.
- Staff demonstrated a good understanding of the person's needs, preferences and interests which gave them choice and control over the care provided.

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 person's care records contained details of hobbies, interests and personal goals. Staff supported the person to regularly access activities in the local community to reduce social isolation.
- The person told us about the activities they enjoyed participating in at the day services, things they enjoyed watching on television and about their friends at the day service. Staff told us they were working with the person to arrange going on holiday.

Improving care quality in response to complaints or concerns

- The person told us they would speak with the residential services manager or registered manager if they had any concerns or wanted to raise a complaint. Weekly meetings with the residential services manager were in place to ensure the person was offered the opportunity to raise any concerns. There were complaints leaflets including in pictorial format available at the service. The person also had one to one meetings with their designated key worker as another opportunity to raise concerns, make complaints or suggestions.

- The service sourced feedback through questionnaires. We saw minutes from meetings arranged with family to review feedback and any concerns received from questionnaires.
- The residential service manager was able to explain the complaints process, in line with the service's policies and procedures. The management team proactively arranged meetings with the person's family to address any concerns or complaints in a timely way.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. However, the person's care records contained information on their wishes and preferences in relation to care provision at that stage of their life.
- Care records contained details of protective characteristics such as cultural, religious and spiritual needs and preferences.

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 remained rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 demonstrated a commitment to providing consistently high standards of person-centred care. One staff member said, "I love my job and the impact it has on people's lives and their levels of independence and personal development."
- The person's care records contained examples of collaborative working with healthcare professionals. This offered support and guidance for people and staff, both at home and when accessing the community. Staff gave examples of how they supported family to ensure consistency of approach when the person spent time at home.
- The residential service manager encouraged and supported staff to be open and honest, to ensure that if a mistake happened, staff felt able to talk to them about it and any issues could be addressed, whilst taking accountability for their own actions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The residential services manager was clear of their regulatory responsibility in relation to completing notifications to CQC and in monitoring performance and risk; with support available from the registered manager and nominated individual. The service had sustained a rating of good since the last inspection and addressed shortfalls in the key question of safe, previously rated as requires improvement. This demonstrated they had continued to maintain consistent quality standards.
- The service benefited from consistent leadership and stability to identify and address shortfalls and continue to drive improvement. Staff described the management and leadership of the service as supportive and approachable. The person living at the service knew and recognised the residential services manager and were observed to be comfortable spending time with them and asking them questions.
- Staff gave positive feedback about the support provided by the management team, and morale within the staff team was good.
- We found the management team to be responsive to feedback. They demonstrated a desire to drive improvement for the benefit of the person living at the service and the overall care experience. Improvements had been made to the overall level of governance and oversight processes and procedures, with a clear quality auditing schedule in place, since the last inspection.
- We asked the registered manager and nominated individual to liaise with our registration team to ensure that the way the service was registered correctly reflected that its purpose had changed from a respite

service to a residential care home, since the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The person and their family could provide feedback through the compliments and complaints process in place, with information posters and leaflets accessible when visiting the service.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed with staff.
- Staff told us they felt listened to by the management team and encouraged to make suggestions about ways of improving the service.