

Imperial Care Homes Limited

Scarborough House

Inspection report

Clubbs Lane
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Tel: 01328710309

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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

Scarborough House is a residential care home providing personal care and accommodation for up to 17 people. At the time of the inspection visit, 14 people were living in the home.

Care is provided at Scarborough House over two floors with most bedrooms being on the ground floor. There are various communal areas that people can use which include a lounge, dining room and conservatory.

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

People told us they received good quality care from the staff at Scarborough House. All the people and relatives we spoke with said they would recommend the home to others.

People said they felt safe and the provider had ensured that systems and processes were in place to promote people's safety. The staff were well trained and had the skills and knowledge to keep people safe and provide them with the care they needed.

People were treated as individuals and their decisions were respected. They and/or their relatives were fully involved in their care. People received care and support in line with their individual needs and preferences and they were supported to have maximum choice and control of their lives.

There were enough staff available to spend time with people and to provide them with support when required. The staff were kind, caring and polite and treated people with respect whilst upholding their dignity. People received support with their hobbies and interests to enhance their wellbeing.

The home and equipment people used was clean. People had personalised their rooms to their choice and the provider had taken steps to make Scarborough House feel welcoming and homely. People had been involved in the running of the home and asked regularly for their opinions and ideas on how to improve the quality of care they received.

People were supported to maintain their health and the provider worked well with other health and social care services to ensure people received the support they needed, when this was required.

Good leadership was in place. The provider had instilled an open culture where staff and people living in the service, felt supported and able to raise concerns or voice opinions without anxiety. The provider had good governance systems in place to monitor and improve the care people received.

Rating at last inspection

The last rating for this service was Good (published May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Scarborough House

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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Scarborough House is a 'care home'. People in care homes receive accommodation and nursing or 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 did not have a manager currently registered with the Care Quality Commission. The nominated individual (NI) had applied to register as the manager and this was being processed at the time of our inspection visit. The NI worked with a home manager to run and manage the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority who are a commissioner of the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five people living in Scarborough House and three relatives about their experience of the care provided. We spoke with five members of staff including the home manager, care workers, the chef and the NI. The NI is responsible for supervising the management of the service on behalf of the provider. We observed how staff interacted with people. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included three people's care and medication records. We looked a variety of records relating to the management of the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Systems and processes were in place to protect people from the risk of abuse and avoidable harm. People told us they felt safe living in Scarborough House. One person said, "I like to have my door open, always. I can hear people coming and going and at night I feel perfectly safe. The carer will look in to check on me and I like knowing someone's there for me."
- Staff demonstrated a good knowledge about safeguarding and how to keep people safe. They acted to reduce risks to people's safety. For example, by ensuring people received thickened drinks and pureed meals in line with healthcare professional's advice, if they were at risk of choking.
- The provider had assessed any risks in relation to the premises and equipment people used. Records showed for example, that checks of the fire system had been conducted regularly to ensure it worked correctly. People's wheelchairs were being serviced during our inspection visit to make sure they were safe to use.

Staffing and recruitment

- There were enough staff available to meet people's individual needs and keep them safe. The feedback we received from people, relatives and staff confirmed this. We observed staff responding quickly to people's request for assistance during our inspection visit.
- The majority of checks had been completed to ensure new staff were of good character before they were employed by the provider. However, a full employment history had not always been captured as is required. Also, although the provider confirmed they had performed identification checks of new staff, they had not kept records of this. The provider agreed to immediately implement changes to their current processes to include this information.

Using medicines safely

- Medicines were managed safely. People told us they received these when they needed them and the records we looked at confirmed this.
- Medicines were stored securely and at the correct temperature to make sure they were safe to give to people.
- Staff had received training in medicines management and their competence to give people their medicines safely had been assessed in line with best practice guidance.

Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. The home and equipment people used was clean. Staff demonstrated they understood how to prevent the spread of infection. They were

observed to use good practice such as wearing gloves or aprons when appropriate.

Learning lessons when things go wrong

- Staff understood they needed to report any concerns or incidents directly to a senior member of staff.
- Records showed the provider had thoroughly investigated any incidents that had occurred and acted to reduce the risk of repeat events. For example, with a person's consent bed rails had been fitted to their bed to help stop them falling out of it.

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 remained the same. 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

- People's individual needs and choices had been holistically assessed. This included people's physical, mental and social needs. People's diverse needs and cultural choices had also formed part of this assessment.
- The provider and home manager had a good knowledge of best practice guidance such as that developed by the National Institute for Health and Care Excellence. They were currently implementing NICE guidance in oral healthcare within the home.
- Technology was used to provide people with effective care. For example, laser-based motion sensors were used to help reduce the risk of people injuring themselves from falls. Some people had access to computers or tablets, so they could communicate with family members.

Staff support: induction, training, skills and experience

- Staff had received enough training to provide people with effective care. People and relatives told us staff were knowledgeable and we observed staff using safe practice throughout our inspection visit. A relative told us, "All the staff have been trained so they know what's required for [Family member]. Both [Family member] and I are happy that they know what they're doing."
- The staff we spoke with told us the training they received was good. Records showed staff had received training in subjects relevant to their role. This included for some staff, areas specific to people's individual needs such as diabetes or stroke.
- Staff told us, and records confirmed they received regular supervision and support from the home manager and provider. Their competency to perform their role safely had been assessed.

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

- People received enough to eat and drink to meet their individual needs. They told us they enjoyed the food and received plenty to drink. One person said, "[Chef] has asked me what I like. She must've done the same for everyone. I think she knows what people like and don't like and cooks accordingly." Another person told us, "I think she'll cook pretty much whatever you want."
- We observed the lunchtime meal to be a pleasant, calm and social occasion for people. Staff helped people with their meals in a discreet and respectful manner where this was required.
- The chef told us communication about people's dietary requirements was good. Risks in relation to people not eating or drinking enough had been managed well.

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

- People were supported with their healthcare needs, with some people's health improving since living at Scarborough House. One relative told us, "When [Family member] came here they were very frail. I didn't think they had long to be with us. The staff have worked very hard to get [Family member] better. We didn't think they would get out of bed again." We saw this person sitting up in a chair reading a newspaper.
- A healthcare professional said staff were quick to report any concerns to them about people's health. They added that staff always followed their instructions to help the person with their health needs. Staff told us they worked closely with a range of other health and social care professionals to ensure people received the care they needed.

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

- The service had been designed to meet people's needs. One person told us, "I like it here. I love my room, look at it." The room contained items that were important to the person, such as photographs and ornaments.
- People's rooms were large enough to enable staff to use equipment such as hoists and wheelchairs if needed. A pleasant garden was accessible to people when they wanted some fresh air. The use of furniture, ornaments and the décor throughout the home gave it a homely and welcoming feel.

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 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.

- People's consent had been sought in line with the relevant legislation. People and relatives told us staff were polite and always asked for consent before performing a task. We observed staff asking people for their consent or offering choice to those who could not give this.
- Staff had a good understanding of the MCA and had received training in this subject. The provider had assessed whether they were depriving anyone of their liberty and where they were, had made the relevant applications to the local authority for authorisation to do so. The provider had ensured that any deprivation was the least restrictive it could be.
- Records showed that people's capacity to consent to a decision had been considered where it was in doubt. Where people could not consent, relevant individuals had been involved to ensure any action taken by the provider, was in the person's best interests. For example, some people received their medicines covertly (hidden in food and/or drink). This had been deemed appropriate to help these people maintain their health.

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

- People were treated with kindness and respect. Without exception, all the people and relatives we spoke with told us staff were kind and caring. One person said, "The carers are lovely. They are so kind, and nothing is too much trouble. I couldn't wish for better care."
- People and relatives told us staff knew them/their family member very well which helped build strong and trusting relationships. We observed staff interacting with people in a caring way. For example, a staff member chatted enthusiastically whilst helping a person eat their meal. This was not rushed, and the person was given plenty of time to enjoy their meal.

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

- People told us they could express their views about the care provided. They said these were listened to and their choices respected. One person said, "We discuss my on-going care. We've talked about trying to get me eating certain things and the doctor, manager and I will talk about what to try."
- Relatives told us they were kept fully informed about their loved one's health and wellbeing. One relative told us, "Everyone here is very supportive. If something changes with [Family member's] needs, they let me know and we can discuss how to alter the care they get. I am very happy they are here."
- Staff always offered people choice and respected their decisions. For example, with relation to eating and drinking, where to reside within the home and whether they wanted to participate in activities or not.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. One relative praised staff for not 'making a fuss' and being compassionate and sympathetic when people had concerns with their personal care.
- Staff knocked on the doors of people's rooms before entering and they ensured people's doors were closed when they provided them with personal care.
- People's independence was encouraged. We observed staff offering to help people with their walking or eating whilst also being respectful where people wished to do this themselves. Some people were offered plate guards at lunchtime, so they could eat their meals independently. One person told us, "I rely on their help a lot, but I do what I can for myself. I like to have things organised, so I make my own bed and get my clothes out ready for the next 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 received personalised care that met their individual needs. This included any cultural or diverse needs people had. One person said, "I get up at the time I want to get up. I always have breakfast and tea in my room, but I do like to go to the dining room for lunch." Another person told us they felt the staff knew them well. This they said, was because the staff respected the times they liked to get up each morning and always brought them a cup of tea.
- People and relatives if appropriate, had contributed to the planning of their or their family member's care. Care records were in place to provide staff with guidance on how people wished to receive their care.

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.

- The provider had assessed people's individual communication needs in line with the AIS. People who required support with their communication received this. Staff explained how they used body language to recognise people's needs if they could not express this verbally. For example, one staff member said a person would hold their head in their hands when they were in pain.

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

- People told us they received adequate stimulation and support to follow hobbies and interests. Some people visited local clubs and people told us there were occasional trips out. One person said, "I go out quite often. I visit the local club and I sing in the choir." Another person said they were able to keep in contact with relatives by using technology such as a tablet.
- During our inspection visit, people were encouraged to participate in various games and flower arranging which we saw some people enjoyed. Records showed other people had taken part in gardening or baking in line with their hobbies and interests.
- Relatives and friends were encouraged to visit people living in the service. Staff were conscious of people who liked to stay in their rooms or who did not have many visitors. They told us they would visit them on a one to one basis for a chat when they could.

Improving care quality in response to complaints or concerns.

- People and relatives told us they knew how to complain. No one felt any anxiety in this area and said the

management team and all staff were approachable and acted on any concerns they had.

- The provider welcomed complaints and concerns and viewed them as feedback on the quality of care people received. Records showed that any concerns raised had been thoroughly investigated.

End of life care and support

- At the time of our inspection visit, no one was receiving end of life care. Where people and/or relatives had wanted to share wishes and preferences in relation to this area, these had been recorded.

- A healthcare professional told us the staff showed people kindness and compassion at this time and took steps to ensure people had a comfortable death. The provider said they increased their staffing levels when someone reached the end of their life, to ensure the person was not alone if this was what they had wished for.

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 remained the same. 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;

- The provider and home manager had instilled an open, inclusive and person-centred culture within the home. People told us the staff, home manager and provider were approachable. One person said, "I see [Manager] most days. He is approachable, and I think he's hard working and is prepared to roll up his sleeves." Another person said, "We all know each other so it feels more like a family than anything else. I know if I needed to, I could speak to [Manager] or [Provider] but I've never needed to and, to be honest, I could just as easily speak to any of them (staff) and I'm sure the result would be the same."
- Staff told us they enjoyed working at Scarborough House. They said they were fully supported and felt valued as individuals.

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

- The provider and home manager understood their regulatory responsibilities. They had a good awareness of best practice. For example, the provider attended local networking events where best practice was discussed. The manager subscribed to several magazines and alerts from various institutions such as the CQC and NHS. They shared key information with staff in team meetings to enhance staff knowledge and look for ways in which they could work differently.
- Staff understood their roles and responsibilities and the provider and home manager had developed a cohesive staff team who worked well together for the benefit of people living in Scarborough House.
- The provider kept the quality of care within the home under review. There was a regular schedule of audits that took place. The majority of these were effective at monitoring the quality of care provided. However, the audit of recruitment files had failed to notice that not all the required checks on staff had been made prior to them being employed. The provider told us this was an oversight and immediately reviewed their monitoring in this area.

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

- People, relatives and staff opinions were regularly sought on the running of the home. People had been involved in the recruitment of new staff where their opinions had been sought and listened to.
- Good links with the community had been established. Representatives from various faiths visited to

support people with their spiritual needs. Local schools also visited the home along with regular acts who provided entertainment.

- People were supported to attend local clubs and day centres and some of them had taken part in an annual carnival that had recently taken place within the local area.
- The provider, home manager and staff worked well with other organisations to support people living in Scarborough House. This included local health and social care professionals and community representatives.