

Imperial Care Homes Limited

Scarborough House

Inspection report

Clubbs Lane
Wells-next-the-Sea
Norfolk
NR23 1DP

Tel: 01328 710309

Website: www.imperialcarehomes.co.uk

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 16 and 17 October 2014 and was unannounced. It was carried out by one inspector.

The service provides accommodation for up to 17 older people. At the time of our inspection 14 people were living in the home.

The registered manager had been in post since 2010. 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.

People told us that they felt safe, that staff were considerate and thoughtful and that their needs were met. We saw that staff treated people respectfully and in a cheerful and patient manner. People found the staff and the manager approachable and could speak freely with them about any concerns they had.

Summary of findings

Staff knew how to make sure that people were safe and protected from abuse. They knew what action to take if any issues arose.

Staff knew the people they cared for well and conversed with them about things of interest to them. Staff were aware of what might be concerning people at any one time, supported them through decision making and ensured people maintained as much independence as possible.

Staff had been trained and had the skills and knowledge to support people living in the home. Whilst there were no concerns at present, staff needed training in the Mental Capacity Act (2005) to ensure that if people's capacity to make their own decisions changed, appropriate actions would be taken in accordance with legal requirements.

People were well looked after and if they had any concerns about their health, staff acted upon them promptly to ensure they received the necessary assistance from health professionals.

The home was well managed which helped ensure people's safety and welfare. There was an open culture within the home. We observed a residents meeting and it was clear that people felt able to raise and debate issues without fear or censure. The manager ensured people understood what standard of care they could expect from the staff and were encouraged to report any concerns they had. Staff found the manager supportive and responsive to concerns or suggestions raised.

Summary of findings

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 safe. Staff understood their responsibilities to keep people safe and knew what action to take if they had any concerns.

Risks to people were identified and steps were taken to reduce the likelihood and impact upon their welfare and safety without compromising their freedoms.

Good



Is the service effective?

The service was not consistently effective.

Adequate training had not been provided in respect of the Mental Capacity Act 2005. This presented risks in the way people would be supported should their capacity to make their own decisions change.

The service supported people's welfare with prompt access to health care professionals as necessary.

Requires improvement



Is the service caring?

The service was caring.

We observed that people were treated kindly and with understanding and compassion.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

We found that people's needs were comprehensively assessed, planned for and kept under review.

People were able to participate in their care planning and knew they could discuss their requirements with staff at any time.

Good



Is the service well-led?

The service was well led.

The manager was well regarded by people living in the home and the staff.

People had regular meetings so they could express their views about the service they received.

The provider had systems in place to ensure the quality of care people received was consistent and kept under regular review.

Good



Scarborough 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.

This inspection took place on 16 and 17 October 2014 and was unannounced. This inspection was undertaken by one inspector.

We spoke with a visiting health care professional during the inspection. We reviewed information we held about the service and the provider. This included information that the

provider had sent us since the last inspection such as notifications. Statutory notifications include information about important events which the provider is required to send us by law.

We observed interactions between staff members and people who used the service. We spent time with people in groups, for example, whilst they were having lunch or sitting in the lounge. We also spoke with seven people on an individual basis, six care staff members, the cook and the registered manager.

During this inspection we looked at three people's care records. We also looked at medication records and practices, staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

Staff we spoke with were knowledgeable about what constituted abuse and were clear what action they would take if they suspected abuse had taken place. They also knew what agencies they could report concerns to if they needed to take their concerns outside of the provider's organisation. Documented information was also available to staff in the staff room, however some of this needed updating, for example the local authority guidance. We observed a residents' meeting. The registered manager spoke with people about the types of abuse and what people should do if they had any concerns about this. "I don't think we've any concerns here" one person said to nods and comments of agreement from others. We noted from minutes of previous residents' meetings that this was frequently discussed. People were clear at the meeting that they had no concerns about this at the home. One referral had been made to the local authority in relation to a safeguarding concern during the year. We were familiar with the situation. The manager had taken appropriate action.

People were protected from risks associated with the environment. The premises was an old building which required ongoing maintenance, but was generally in good condition. In September 2014 the kitchen had been inspected by the district council's environmental health department and had been awarded the top score of '5' under the food hygiene rating scheme. This meant that food was prepared, cooked, cooled and stored correctly and that the kitchen environment was clean. We reviewed premises safety documentation and observed no obvious physical hazards to people's safety.

Risk assessments were in place for people and were centred on the individual. We saw details of discussions with one person who sometimes put themselves at risk because of the choices they made. We saw that steps had been agreed with them to reduce the risk as far as possible without restricting their lifestyle. We found that evacuation plans were in place in respect of each individual in the event of emergency. Accidents and incidents were effectively reviewed, and where potential improvements could be made, they had been implemented to better support people's welfare. For example, one person at risk of falls had been supplied with a hospital bed.

People living in the home told us that there were enough staff on duty to support them effectively. Three staff were on duty in the mornings, with two staff members in the afternoon. The manager was available during the day. During our two day inspection we observed that when people required assistance this was provided without delay. The manager ensured that a senior carer was always on duty during the day and staff working the night shift were suitably experienced. One staff member was on the premises overnight. We spoke with both staff members who predominantly worked night shifts which commenced at 9:30 pm. They told us that there was a care staff member on call who lived in another premises owned by the provider in the same street. They rarely needed to call upon them for assistance. In addition, the manager or a senior carer was also always on call.

Prior to starting work references were obtained and applications checked for prospective staff to ensure that there were no unaccounted for gaps in employment or background histories. All staff had been vetted through the Disclosure and Barring Service (DBS) process. The steps taken helped ensure that staff recruited were suitable for their role and minimised the risks to people of being cared for by unsuitable staff. The manager told us people had provided proof of identity during the recruitment process but they had not kept copies for the records.

People living in the home had their medicines administered for them by staff. People we spoke with told us this had been their choice, that they received their medicines when they needed them and were able to obtain pain relief when necessary. People's medicines were stored securely and only accessible by the designated key holder or the manager. We observed the senior staff member administering medicines to people and saw this was done effectively and only when people had consented to receiving their medicine. We found that people had their medicines reviewed by their GP on an annual basis or sooner if their needs changed. All required medicines were in stock and medicine administration record (MAR) charts had been completed accurately. Satisfactory arrangements were in place to ensure that people received their medicines promptly and in a safe way.

Is the service effective?

Our findings

A comprehensive programme of induction and training was in place to support staff which tested their knowledge and understanding. If they didn't demonstrate sufficient knowledge of a topic, they were required to retake the course. Staff we spoke with told us their training had given them a good foundation from which to provide care for people. Newly recruited staff told us if they needed further guidance this was available from senior staff or the manager. People told us that staff were competent and knew what they were doing. One person told us, "I have complete confidence in them. They know the best way to look after us all." Most training was up to date or planned for. However, there were some gaps in the completion of Mental Capacity Act (MCA) 2005 training.

We observed that staff obtained consent from people before they provided care or carried out any tasks to support them. For example, we saw staff asking people whether they wished to move to another room before they assisted them or whether they were ready to take their medicines. The manager told us that people living in the home had the capacity to make their own decisions. When we spoke with staff we found that they knew little about the requirements of the MCA. There was a risk that if people's needs changed then staff would not recognise when assessments would be required in accordance with the MCA or what other action might be necessary.

People had enough to eat and drink. Snacks were available upon request throughout the day and a bowl of fresh fruit was in the dining room. People always had drinks available to them which helped ensure that they were able to maintain adequate hydration levels. Nutritional assessments were carried out on a monthly basis to ensure people were not at risk of malnutrition. No-one living in the home was at risk at the time of this inspection. However, staff described what actions they would take to support people if this wasn't the case.

The cook told us that a few people required a diabetic diet, but other than this, no special diets were required. Where support was required to help people eat their food independently, for example plate guards, these were

provided. People told us the food was good and that their preferences were taken into account. One person said, "I've not had such a nice breakfast in my life." Another person told us that they didn't like hot food and always wanted a salad for their evening meal. "Every day they do it a bit different for me. It's just lovely" they told us. A third person said, "If I want something else I just let them know. It's no problem."

The service acted promptly so that people received access to health care professionals and additional medicines as necessary. This helped ensure that people recovered from minor health issues quickly and that new concerns were identified and acted upon promptly. One person receiving respite care told us, "I'm a lot better than when I came in." We spoke with a social worker who had just visited one person in the home. The person had mentioned to them a minor health concern that they had raised with staff. Staff had promptly arranged for an examination to be carried out and the person was now receiving appropriate treatment. On the first day of our inspection the GP had visited one person late morning and had prescribed a course of antibiotics for them. The prescription was collected as soon as the pharmacy re-opened after lunch which meant the person received prompt treatment for a chest infection.

Where people had specific health conditions that required monitoring, this was done to ensure people's well-being. People were involved in the process. We reviewed the care records for one person who was living with diabetes. We saw that their blood glucose levels were checked twice a day and recorded. If higher than expected scores were found tests were taken more regularly, their diet reviewed and if necessary, the GP or the diabetic nurse was contacted for advice. The person's involvement in this was recorded throughout. There was guidance for staff to help them identify symptoms of high and lower blood sugar levels which provided clear instructions on what action they would need to take. We spoke with another person who was living with diabetes. They told us that staff helped them manage their diabetes well and offered them alternative food options if their blood glucose level was a little higher than normal. They said, "Staff help me with my diabetes and make sure I know where I am at with it."

Is the service caring?

Our findings

During this inspection we spent time observing how people living in the home and staff interacted with each other. It was clear that staff knew people well because during conversations staff frequently referred to people's preferences, hobbies or families and asked questions of them. People responded positively to the staff interest in them and we heard lots of laughter and joking throughout the duration of the inspection, as well as quieter, more general conversations as the situation necessitated.

We noted a letter of thanks the service had received from a relative of a person who had lived in the home. This letter stated that their family member had lived in the home for several "happy years, due in a large part, to the constant care and attention provided by staff." The letter went on to state that when their family member was unwell "It became obvious that the staff were as concerned as the family. During this period the staff displayed not a duty of care, but what can only be described as a loyalty of love."

Staff were attentive to people's needs and we noted several examples of this caring approach throughout our inspection. A staff member saw that one person would be more comfortably seated during lunch if they had a cushion behind them and this was duly arranged, with the person's agreement. The cook came into the dining room and asked people individually if they were satisfied with their lunch. Another staff member spotted one person's discomfort at being seated in the lounge and went to offer assistance. They told us that they knew when this person was fed up and wanted assistance to move because although they didn't often ask staff verbally, they started looking around the room in the manner of someone wishing to be elsewhere.

People living in the home were able to express their views about the care they received and were encouraged to do so. They told us that communication in the home was good. Resident meetings were held regularly and people told us they felt able to approach staff with any requests or concerns they might have. People routinely made their own decisions about their care and support. We saw that their views and preferences were represented in their care plans. One person told us, "They listen to me about how I like things to be done."

One person told us they had recently been discussing a decision they needed to make with their family which had been on their mind quite a bit. They told us that they had discussed this with a few staff members too and that staff had taken the time to listen and understand their concerns without giving their own opinions or advice. The person told us, "I know it's my decision to make. I like talking to them here about it, it helps me." This demonstrated that staff supported people without making decisions for them and were able to converse with people about things that mattered to them without overstepping professional boundaries.

People's privacy and dignity was respected. They were able to have keys for their rooms if they wished. We observed staff knocking on people's doors and waiting for a response before entering. People we spoke with told us that staff respected them as an individual and treated them with consideration. We saw staff discretely provide assistance when necessary to people throughout our two day inspection. Some people told us how they carried out 'work' or 'jobs' within the home which was their choice. For example, one person told us how they liked to keep their own room clean. We were satisfied that people were supported, if necessary, to make decisions and retain their own skills and independence.

Is the service responsive?

Our findings

People were able to discuss their care arrangements at any time. One person told us, “I have a proper sit down with the manager every so often, but we talk all the time anyway.” We saw from people’s records that they participated in a formal review of their care every six months. People told us that whilst they had these reviews with the manager they were able to discuss their care arrangements at any time and a six monthly review was about right. “We can talk any time. I don’t want to be involved in paperwork all the time” a second person told us.

Many of the people living in the home were from the town or surrounding villages and some had known each other for many years prior to moving in. It was important to them that their lives continued as before, as far as possible, and that they remained connected to their community and people they knew. Some people participated in their community independently and some required staff to assist them in this. One person who was an avid reader told us how staff accompanied them to the library when they wanted some new books. Another person told us how a staff member or the manager would walk into town with them if they wanted to do some shopping. Visiting clergy supported others with their faith. Several people were members of local clubs and attended them on a regular basis. Events or activities were also organised within the home. Most of the people told us they enjoyed them.

People’s records contained an assessment of their individual needs and reflected their preferences in how they wanted their care to be provided. Most of the staff had worked at the home for several years and knew people well. They understood people’s likes and dislikes and what

support they required. Newer staff recruited in the previous four months were still getting to know people. One person we spoke with told us, “They know me well enough to know what I am happy with and what I’m not.”

The service was flexible in relation to people’s requirements and responded promptly when needed. One person told us that they found the lunchtime meal was a bit too early for them but that it was “kept back” for them for later on. We heard one person ask for some pain relief and heard a staff member quietly and gently advise them that they had only recently taken some medicine and needed to give it a bit longer to take effect. The person was agreeable to this. We later spoke with this person and asked them how they were feeling now and whether they were in any pain. They told us, “No. Not at all. [Staff member] came back a while later to see how I was doing.”

People told us that the manager and staff were approachable and if they had any concerns they would feel confident to raise them. During the residents meeting we attended we observed this. A few people had raised concerns that the quality of the toilet rolls had declined recently. Everyone laughed and the manager cheerfully promised to investigate the matter urgently. People clearly felt comfortable speaking up to ask and answer questions and share experiences with others. One person subsequently told us, “I know that whatever could be put right will be put right if I have anything to say.”

Information was available to people on how to comment or make a complaint about the service they received. People told us they had no reason to complain. The manager advised us that the service had not received any complaints in the 12 months prior to this inspection.

Is the service well-led?

Our findings

There was a positive culture in the home which benefitted people living there and staff alike. People knew what standard of care and support they could expect from staff and what was and what was not acceptable. The manager made this clear during resident meetings and general conversations with people. People told us that the manager's door was always open and they had no qualms about raising concerns with them or making suggestions. "The manager gets top marks from me" one person told us.

Staff members worked well as a team. Senior carers discussed who would be doing what throughout the shift, always making sure that everyone was clear on their area of responsibility and in agreement. They told us that the manager was always happy to "muck in" if necessary. Two newer members of staff told us how much they were enjoying working in the home. They felt well supported by their colleagues and the manager. They told us there was good communication between staff and that the manager was always receptive to questions and suggestions. They understood the standard of care the manager expected to be provided to people and they knew what was expected of them individually given their different experience levels.

The manager reviewed staff performance and effectiveness by way of regular supervisions, and if the staff member had been at the service long enough, appraisals. New staff told

us they found the supervisions to be motivational and a good opportunity to obtain formal feedback on their work and progress. Regular formalised contact with staff allowed the manager to seek their views on how the service could be improved.

Satisfaction questionnaires had recently been completed by people and received by the manager. However, they had not yet been collated into an overall report. We looked at the individual responses and found that the comments people had made were very positive about the care and support they received. This reflected what people living in the home told us during the inspection. The manager told us that they would draw up an action plan for improvements as necessary.

There were systems in place to monitor the quality of service received by people living in the home. We viewed audits including care records, medication records and environmental assessments. Where areas requiring action had been identified we saw that action had been taken to resolve matters or that plans were in place to make the necessary improvements.

The home had a stable management team in place. The manager told us they received good support from the provider and were clear what the provider expected of them. Staff were aware of the management structure of the provider's organisation and who they could contact if they wished to discuss anything.