

Norse Care (Services) Limited

All Hallows Nursing Home

Inspection report

26 St Johns Road
Bungay
Suffolk
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Tel: 01986892643

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19 January 2022

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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

All Hallows is a residential care home providing the regulated activity of personal and nursing care. The service is provided from purpose built premises situated in Bungay on the Norfolk and Suffolk border. The service provides short-term and long-term care and support, including nursing care for up to 50 people, including those living with dementia. At the time of our inspection there were 17 people using the service.

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

The service had experienced a high turnover of staff and challenges recruiting both care staff and nurses. As a result, there was a high-level use of agency staff which people told us occasionally impacted on the quality of care they received. A number of incentives had been introduced to improve the ability to recruit and retain staff.

There were systems in place to monitor the quality and safety of the service. Infection prevention and control measures were in place. Risks to individual and environmental safety had been assessed. However, we found people were at risk of injury from unguarded radiators, presenting a risk of burns to people not identified in the provider's risk management audits. In response to our findings immediate action was taken to rectify this.

Prior to our inspection we received concerns regarding the management and oversight of people's medicines. Recent shortfalls identified in the management of medicines had been addressed with action plans in place to ensure improvement.

People had their needs assessed prior to receiving care and support. Staff worked with various social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People received care and treatment from staff who had the relevant knowledge to meet people's needs. There was a system to ensure all staff had training relevant to their roles and their competency assessed. Training courses and events were relevant to the health and support needs of the people living at the service.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests. The policies and systems in the service promoted this practice.

People told us the majority of staff were kind and caring, treated them with dignity and respect and maintained their privacy. Where we identified concerns with the conduct of one member of agency staff this was dealt with promptly by the registered manager to protect people from unsafe care.

Care records contained clear information covering all aspects of people's individualised care and support.

Information about people was written in a respectful and personalised way. There was a complaints process in place which was managed effectively. The provider had procedures in place to identify and address people's wishes and choices including the planning of their end-of-life care.

The service had a new manager in post who was being inducted with support from regional management teams. Systems and process had been utilised effectively to ensure improvement to the quality and safety of the service.

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 the service under the previous provider was Good, published on 17 May 2018.

Why we inspected

The inspection was prompted in part due to concerns received about the management of people's medicines and oversight of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

All Hallows Nursing 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two Inspectors, a pharmacy 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

All Hallows 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 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.

Inspection activity started on the 18 January 2022 and ended on 19 January 2022. We visited the location on the 18 January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, CCG and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We spoke with 11 people who used the service and four relatives about their experience of the care provided. We also spoke with 14 members of staff including the regional director, the registered manager, deputy manager, multi-site manager, business support manager, nurse, care practitioner, kitchen support staff and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with two health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were a range of measures in place to safeguard people from the risk of abuse.
- The management team understood their responsibilities for reporting safeguarding concerns to the relevant authorities with a system in place for logging incidents with outcomes.
- Staff had received training in safeguarding procedures and knew how to report any concerns relating to people's welfare.

Assessing risk, safety monitoring and management

- There were systems in place to monitor the quality and safety of the service.
- People had care plans and risk assessments in place regarding their care and support needs and these included areas such as support with mobility, risks associated with choking, and acquiring infections.
- Staff had completed fire safety and health and safety training. Emergency plans were in place to ensure people were appropriately supported in the event of a fire.
- Risk assessments provided guidance for staff in steps they should take to keep people safe from the risk of harm. However, we found people at risk of injury from unguarded radiators, presenting a risk of burns and scalding which had not been identified in management audits. In response to our findings immediate action was taken by the provider to reduce this risk and protect people from the risk of harm with the installation of radiator guards.
- Risks associated with agency staff living in the service had not been considered. We noted live in agency staff occupied vacant bedrooms and used facilities such as showers and communal areas designated for people who used the service. In response to our feedback the registered manager promptly carried a risk assessment. This highlighted risks and steps in place to reduce any potential risks to people who used the service.

Staffing and recruitment

- At the time of our inspection there were sufficient numbers of staff on duty to meet people's needs.
- The service had experienced a high turnover of staff and challenges recruiting staff. As a result, there was a high level use of agency staff which people told us occasionally impacted on the quality of care they received. A number of incentives had been introduced to improve the ability to recruit and retain staff.
- Required recruitment safety checks had been carried out to ensure that staff employed were suitable to carry out the work they were employed to perform.
- References and criminal records checks [DBS] had been obtained. The regional director told us the provider was implementing a policy of ensuring follow up DBS checks on a three yearly basis.

Using medicines safely

- Prior to our inspection we received concerns regarding the management and oversight of people's medicines. We found improvements had been made. The service had a medication development plan in progress with action taken to make improvements to the way people's medicines were managed.
- We found that medicines were stored securely and at appropriate temperatures.
- Records showed people were receiving their oral medicines as prescribed and staff carried out regular checks of people's medicines. Where we found gaps in records for the application of topical medicines, this was promptly addressed by the registered manager.
- Staff had received training and had their competency regularly assessed. We observed staff giving people their medicines by following safe procedures.
- There was written information to show staff how people were to have their medicines given to them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People told us they were supported to have visits from relatives and in line with Government guidance. This they said supported their sense of wellbeing.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

- Staff understood how to record and report any accidents and incidents.
- The management team took onboard learning when things did not go well, such as shortfalls identified by health professionals in the management of people's medicines.
- Examples of actions taken shared with us demonstrated the management team understood the importance of learning from experience and had used the learning to further educate the staff team.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- Pre-admission assessments were completed before people were admitted to the service.
- People's care needs were assessed, and a person-centred care plan devised. The plan set out how the person wanted to be supported.
- Weekly clinical meetings were held to review the current clinical needs of people, including those residing on a short term reablement stay basis.
- Care plans detailed up to date health guidance for people who needed support with their health conditions.
- People told us they were involved as much as they were able to be, in agreeing their care plan.

Staff support: induction, training, skills and experience

- Nurses were supported to maintain their clinical skills. Recent training provided included oral suctioning and verification of expected death.
- The provider was committed to supporting employees with mental health challenges and on this basis, it was mandatory for all managers and deputy managers to be trained and awarded the Level 3 in supervising mental health first aid.
- Staff had handover report meetings between shifts. Procedures had been put in place to ensure staff coming on duty were aware of any updates and changes in people health and welfare.
- Individual supervision sessions were arranged for all staff with a senior member of staff. These were used to monitor work performance and also discuss any training and development needs.

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

- There had been recent changes to how meals were provided. Previously staff employed directly by the provider cooked and prepared food from the service. Pre-cooked meals were now provided from an external provider.
- We received mixed views from people as to the quality of the food provided. Comments included, "Food is good, you get good choice, I get enough fruit and I can ask for it. There is plenty of available drinks." And, "Food is not as good as it was, it is prepared and bought in so not so fresh, it is not the same. It is not always hot when served."
- The management team were proactive in seeking people's views regarding the quality of meals provided. We noted action taken to make changes in response to feedback received.
- Where people were at risk of losing weight, fortified foods were provided, and weight monitored with referral to specialists when needed.

- Our observations and records showed people were supported to eat and drink healthily and provided with a choice of meals according to their preferences and needs. This included a choice of meals provided to people at risk of choking and requiring a soft diet, which was presented in a visually appealing manner.
- We observed a snack trolley laden with food distributed to people throughout the day. We noted not all snacks provided were suitable for people who needed a soft diet to prevent a risk of choking. In response to our feedback the registered manager told us the snacks made available would be reviewed and a more suitable variety of items made available to meet the needs of all people using the service.

Adapting service, design, decoration to meet people's

- People lived in a purpose-built care service with facilities over two floors. There was a passenger lift between ground and first floor. Doors to the stair wells were secured with keypads.
- People had access to outside space which had recently been improved to ensure ease of access and improved safety around the pond area.
- Each bedroom was for single occupancy, some with en-suite toilet and wash hand basin. In addition, there were communal assisted bathing facilities and shower rooms.
- The service had suitable equipment such as hoists, stand-aids and profiling beds to mobilise people safely.
- People were encouraged to personalise their bedroom with pictures, photographs and small items of furniture.

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

- People's health needs were assessed, and their care and support needs were included in their care plan.
- Staff worked with a number of health and social care agencies to ensure provision of care and support was effective.
- Care records evidenced appropriate referrals to GP's, dieticians, speech and language therapists, physiotherapists and wound care specialists. However, people did not have access to regular dental check-ups. Staff told this was due to a lack of community dental services available locally for people to access.

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 MCA 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.

- People's capacity to make their own decisions was assessed as part of the care planning process.
- Where a person did not have the capacity to consent to care an application had been submitted to the local authority.
- Where authorities were in place to deprive a person of their liberty, any conditions were recorded in their

care plan.

- Where needed staff had consulted with health or social care professionals and family members to make decisions regarding care and support issues.

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.

This is the first inspection of this newly registered service. This key question has been rated 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; respecting equality and diversity

- People told us they were well treated and supported with dignity and respect. One person said, "Staff may be tired but always cheerful and respectful, some would certainly talk to me with kindness, they don't make me feel rushed and always ask me if there is anything I want." Another said, "It is very good, staff act very friendly and always helpful at all times. I am helped with my washing with dignity."
- There was a positive atmosphere at the service. People were provided with care and support that was sensitive to their needs. This included respecting and supporting people's cultural and religious beliefs. A relative told us, "They [staff] know [relative] well, the staff are friendly and cheerful which gives a nice warm feeling within the home. Nothing is too much trouble."
- One person told us of an incident causing them distress where a member of agency staff refused to provide support with a personal care need, telling the person to, "do it yourself." We informed the registered manager of this incident. They responded promptly to reassure the person. They also took action to ensure the agency worker would not be employed at the service in the future.

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

- People told us they were encouraged to voice their opinions and provide feedback. This was facilitated through residents' meetings and satisfaction surveys.
- People were supported to be involved with care planning and reviews. Care plans evidenced people's opinions, where they were able to express them, on how their care should be provided.
- Where the implementation of a new system for meal provision had resulted in some dissatisfaction, we noted people's views had been sought and changes made to improve the variety of meals offered.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their independence promoted.
- Staff supported people to make decisions about their care. We observed staff asking for consent before supporting people with their care needs.
- Care records showed the service learned about the person's needs, their life history, preferences, interests and key relationships in order to provide personalised care.
- People were supported with appropriate walking aids and equipment, to enable them to be as independent as possible.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Each person had a care plan containing information about their care needs, such as the support needed with their health care needs, personal care, eating and drinking and mobilising safely.
- Language used in people's records was respectful and valued people as individuals.
- We noted a number of bulky care planning folders with information not all agency staff had access to. This meant there was a risk that agency staff did not have all the care and risk management information they needed to keep people safe and meet their needs. In response to our feedback the provider told us of the action they had taken to address this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, and their preferred methods recorded in their care plans. This enabled staff to communicate with them effectively. Where glasses or hearing aids were required, the care plan identified the appropriate support the person needed.
- Signage was visible around the service to aid orientation and promote independence, particularly for people living with dementia.
- People's communication needs were regularly reviewed and documented as their needs changed.

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

- An initial assessment of people's needs was undertaken.
- Care plans identified people's preferences and what interests and activities they required support with. The COVID-19 pandemic had restricted some activities.
- People were supported to follow interests and hobbies they enjoyed. There was a new activities coordinator in post who was developing their role. The registered manager told us activities was an area that would be focused on to continue with improvements.

Improving care quality in response to complaints or concerns

- There was a system in place to receive and respond to complaints. A review of complaints received

showed these had been responded to in a timely manner with outcomes to people's satisfaction.

- People and their relatives told us where concerns had been raised these had been responded to promptly and lessons learned.
- People told us if they had any concerns or complaints about the service, they would raise them with the management team. One relative said, "They always respond to any issues you might raise respecting your views and I am confident they [registered manager] would deal with and investigate properly and put things right."

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death.
- People had been encouraged to share their wishes and views, and to make decisions about their preferences for end of life care.
- Information was recorded in people's care plans about any decisions they had made, including whether they had chosen not to be resuscitated in event of cardiac arrest.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a recent change in the management of the service. The registered manager had recently been appointed having previously worked at the service as deputy manager and clinical lead.
- The registered manager was being inducted with support from regional management teams.
- There were clear and effective governance and accountability arrangements in place.
- The registered manager understood duty of candour and demonstrated awareness of their legal responsibilities. They knew when notifications were required to be sent to the Care Quality Commission and how to make referrals in the event of a safeguarding concern.
- The provider had considered the impact of the pandemic on the service and had updated their policies to ensure compliance with government guidance.
- The regional manager, regional director and multi-site manager, where necessary, had undertaken detailed and transparent investigations into recent concerns raised in relation to the management of medicines and incidents. They were able to provide evidence of lessons learnt to help improve the service and reduce the likelihood of a reoccurrence.

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

- Local authority, healthcare professionals and staff spoke positively about the registered manager and regional management team, describing them as approachable and supportive.
- During our inspection the management team demonstrated a responsive approach and a commitment to address any shortfalls to ensure improvements were made in a timely manner.
- People told us, "The manager is new, not yet been to see me, I do think the home is well run, there is peace and comfort." And, "I definitely would recommend it here, it is comfortable, heated and I don't want for anything, my room is thoroughly cleaned every day."
- A relative told us, "The management appears to be very open here. They ask [person's relative] views. I would say yes, they do communicate well with us and keep me up to date with any changes. The staff are very caring and do their very best for the people who live here."

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

- People were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- People and their relatives told us their feedback was sought and had been used to improve the service.
- People were provided with opportunities such as satisfaction surveys to express their views.
- During our visit we observed a residents meeting where people were provided with the opportunity to express their views on the quality of the service provided. For example, people's views were sought on the quality of the meals, staffing and activities.

Continuous learning and improving care; Working in partnership with others

- The management team worked effectively in partnership with others to improve outcomes for people. The registered manager and staff had good working relationships with other professionals, people and their families.
- Partnership working included accessing support, advice and guidance from the Local Authority, GP surgeries, community nurses, dieticians and occupational therapists. This ensured people were referred appropriately to meet their health and welfare needs.
- The management team were aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.
- The regional management team carried out visits to the service and regularly monitored information about the safety and quality of the care provided.
- Throughout our inspection the management team were open and transparent and proactive in discussions and in their response to our findings.