

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Normanhurst EMI Home

De La Warr Parade, Bexhill On Sea, TN40 1LB

Tel: 01424217577

Date of Inspection: 03 January 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr David Lewis & Mr Robert Hebbes
Registered Manager	Ms. Claire Macmillan
Overview of the service	Normanhurst EMI Home provides accommodation and personal care for up to eighteen older people with dementia type illnesses.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people who use the service because people using the service had complex needs which meant they were not able to tell us their experiences. We spent time observing care and how staff interacted with people. We spoke with people's relatives who were visiting the home on the day of our inspection. We spoke with staff and looked at some records. People who use the service told us "Staff are kind, nice and very helpful." and "If I have any problems, I will always get help."

We saw that care plans were detailed and personalised and that these reflected the assessed needs of people. Staff were clear about what abuse was and what to do if abuse was suspected. There were sufficient numbers of staff with the appropriate skills to meet the needs of people using the service. We found that there was an effective complaints system available.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at care plans for five people who use the service. We saw that each person had received a mental capacity assessment. This had been undertaken by the homes manager or deputy manager. We saw that where people had been identified to not have capacity to make certain decisions, the assessment detailed a nominated individual who could assist each person in making certain decisions such as a close family member. We spoke with relatives on the day of our inspection who confirmed that they were involved in decisions and kept informed of any changes. The provider may find it useful to note however that there was no documentary evidence to support that people or those who had been identified to assist in decision making, had been involved in agreeing to people's care plans or had been part of people's review of care.

During our inspection we observed that people were offered choices and were asked for their consent before support was provided. This included where people wanted to eat and how people spent their time. From our observations and speaking with staff, staff demonstrated that they knew people well. Staff we spoke with were able to give us examples of how they gained consent and promoted choice for people throughout each day. This meant that people's preferences were taken into account when providing support as staff knew people's individual needs, likes and dislikes.

We looked at staff training files and saw that the service was in the process of delivering staff training in Deprivation of Liberty Safeguards and the Mental Capacity Act. The manager and some care staff had already received this training. We spoke with the manager who was aware of the correct procedures to follow where best interest decisions or Deprivation of Liberty Safeguards would be required. The home manager informed us that all staff would be receiving this training.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at care plans for five people who use the service. We saw that each person had received a pre-admission assessment. We saw that these assessments had taken place with people and those who knew people well such as relatives or a person's social worker. The pre admission assessments viewed contained a variety of information about each person's needs such as medical history, mobility and personal care needs. We saw that a life history had been sought for each person which detailed significant events, employment and interests and hobbies. We saw that this information had been used in the development of each person's care plan. This meant that care plans were personalised and reflected the needs of each individual.

Care plans seen were detailed and provided clear descriptive guidance on how each area of care and support should be provided. Each aspect of care and support detailed problems or concerns identified the aim of the plan in place and the guidance for staff to meet the aim. These included people's communication needs, general health, mobility, nutritional needs and social needs and activities. We saw that care plans had been reviewed monthly. This demonstrated that the service had systems in place to monitor changes to people's needs.

We saw that risk assessments were in place for each person. Risks identified included skin integrity, moving and handling and falls risks. We saw that each risk assessment detailed the risk identified and the action to be taken to reduce the risk. We saw that all risk assessments were reviewed on a monthly basis. We saw that one person had been identified to be at risk of pressure sores. Clear guidelines were in place for staff to prevent the risk of skin breakdown and the use of appropriate pressure relieving equipment was recorded. On the day of our inspection we saw that this person was seated on the identified equipment. This demonstrated that staff were knowledgeable as to the care plans and risk assessments in place for people who use the service.

We saw that each person had an assessment and plan for behavioural triggers and resolutions. These assessments identified where certain triggers and dislikes could result in a person displaying anxiety or challenging behaviour. Where triggers had been identified an action plan was in place for staff to follow to reduce anxiety and stress for the

individual. Staff we spoke with told us that this was an important part of each person's care as due to the complex needs of people who use the service, changing an approach can result in reducing stress and anxiety for that person.

People were seen to be spending time as they wanted. Some people spent time in their rooms and others in the main lounge. We spent time in the homes communal areas and observed interactions between staff and people who use the service. We observed that staff spoke to people in a kind and respectful manner and saw positive interactions. People we spoke with were positive about the home and the staff. One person told us "Staff are kind and nice and very helpful." Another person told us "Everyone is nice here." We spoke with visitors to the home on the day of our inspection. Relatives of people who use the service told us that they had never had any issues with the care provided and that their relative always looked well presented and seemed happy.

We saw that people were registered with a local G.P and had access to other relevant professionals such as district nurse and chiropodist. Each person had an appointments record which detailed all outcomes to visits or appointments attended. Records viewed demonstrated that changes to people's health and wellbeing had been promptly identified with the relevant professional advice being sought.

We saw documentation that the service had policies in place for emergency planning. These procedures detailed the systems in place in the event of unforeseen accidents and emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that the service had detailed policies in place regarding safeguarding and abuse. Policies viewed detailed the procedures in place to protect people who use the service from abuse and all external agencies that staff could contact if abuse was suspected. A whistleblowing policy was also in place. Staff we spoke with were aware of these policies and the content of these.

Staff we spoke with were able to give us clear examples of different types of abuse and the steps they would take if they suspected abuse. We spoke with the homes manager who was aware of multi agency guidelines and which external agencies were responsible for investigating safeguarding matters.

We looked at training records and saw that all staff had undertaken safeguarding training in the last two years. Some staff had received training in Deprivation of Liberty Safeguards. We spoke with the homes manager who told us that plans were in place to ensure all staff would receive this training.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the staff rota and saw that there were sufficient numbers of staff on duty at any one time. We spoke with the home manager who told us that staff ratios for each shift was five care staff in the morning and four care staff in the afternoon. In addition to the care staff the manager worked five days a week and provided twenty four hour on call assistance to support staff as needed. Ancillary staff included domestic staff, cook and maintenance staff. We saw that the staff rota corresponded with the staff on duty on the day of our inspection.

We observed that staff knew the needs of people well and saw positive interaction between staff and people who use the service. We spoke with visitors to the home on the day of our inspection who told us "Staff have always been nice and helpful any time we visit." and "Staff are very friendly and we see lots of interaction on our visits."

Staff received supervision every two months. Staff we spoke with confirmed that this took place. Staff told us that they felt supported by the homes manager and could raise any problems or issues with the manager as they arose.

We looked at the staff training matrix and saw that staff received regular training in a number of areas such as first aid, safeguarding, infection control and fire safety. Staff we spoke with told us that opportunities were available if they wished to undertake further qualifications.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We looked at the homes complaints procedure. The procedure detailed how to complain, what will happen once a complaint has been received, the timeframe in which complaints will be acknowledged and investigated in, and what to do and who to contact if the person was unhappy with the outcome.

We saw that when people joined the service people and their representatives received a copy of a service user's guide. The homes complaints procedure was contained in this guide. The guide was also displayed in the entrance hallway of the home. The provider may find it useful to note that not all visitors to the home were aware of the homes complaints procedure as they were unaware that the procedure was contained in the displayed service user guide. Only visitors we spoke with who had received the procedure directly were aware of this. This meant that not all people were aware of the procedures which the service has in place if people wish to make a complaint.

Staff we spoke with told us that if they received a complaint that they would always try to resolve the issue straight away. Staff told us that if they were unable to do this then they would bring this to the attention of the manager as soon as possible. We spoke to people who were visiting the home on the day of our inspection who told us that they felt able to raise any concerns with the staff or the homes manager. One visitor told us "Any concerns would be dealt with but there is no cause for concern or anything to complain about."

We spoke with the home manager who told us that the home had received no complaints. We looked at the systems in place to record complaints if they were received and saw that the format for recording these were in accordance to the homes procedures. The provider may find it useful to note that no recording systems were in place for minor concerns or comments to ensure that these were acted on. For example we saw that a relative had commented in a survey provided that the homes laundry system could be improved. There was no documentary evidence to support that this comment had been responded to or acted on. This meant that people's comments may not always be listened to and acted on effectively.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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