

Normanton Lodge Limited

Normanton Lodge Care Home

Inspection report

Normanton Lodge Limited
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Normanton Lodge Care Home is a residential care home providing personal care to up to 67 people. The service provides support to older people, people living with Dementia and people who have a sensory impairment. At the time of our inspection there were 47 people using the service.

Normanton Lodge Care Home accommodates people in 2 adapted buildings, one part of the building is called the Glen Care Village and comprises of 24 individual apartments each with their own bathroom and kitchen. Normanton Lodge comprises of 43 individual bedrooms with communal living areas and bathrooms.

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

The provider's system and processes for managing people's finances were not robust. The providers procedure for managing people's finances had not been followed by staff, this left people at risk of financial abuse.

Systems and processes to identify risks to people needed strengthening as we found risks had not been consistently identified or mitigated. We also found that the system in place to analyse accidents and incidents did not include those that had occurred in the Glen Care Village. We raised this with the management team who told us the actions they would immediately put in place to ensure this was rectified.

Medicines were safely managed. Regular checks of the medication stock were completed and associated records, we reviewed these records and we found people had their medication administered safely and in line with the prescribing instructions. We also found the service to work in partnership with other professionals to ensure people received their prescribed medicines as required. There was clear detailed guidance for staff for safe administration of 'as and when required medicines' (PRN).

Care plans included detailed individual information about people's choices and preferences the information had been regularly reviewed and reflected people's changing needs. Care plans detailed people's specific dietary preferences, staff were knowledgeable of this and we could see people's preferences were being met.

The registered manager carried out regular quality audits of the service and had created an action plan to address any areas for improvement. We reviewed this action plan and could see that actions had been completed or were in progress.

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

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 this service was good (published 22 May 2019)

Why we inspected

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.

We received concerns in relation to the systems in place to support people in managing their finances. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Normanton Lodge Care Home on our website at www.cqc.org.uk

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to protecting people from the risk of abuse and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Normanton Lodge Care 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 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

The inspection was carried out by one inspector.

Service and service type

Normanton Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Normanton Lodge Care Home is a care home without nursing care. 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.

What we did before the inspection

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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 11 members of staff including the senior manager, registered manager, care coordinator, deputy manager, maintenance person, kitchen assistant, domestic assistant, senior care assistants and care assistants. We also carried out phone calls to seven relatives about their experience of the service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training, quality assurance information and further policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from the risk of financial abuse. The provider's system and processes for managing people's finances were not robust. The providers procedure for managing people's finances had not been followed by staff, and required improvement, this left people at risk of financial abuse.

We found no evidence that people had been harmed, however systems to protect people from abuse were not robust. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents had been correctly reported by staff, however we found that not all incidents had been followed up with management actions and analysis. We raised this with the management team who told us the actions they would immediately put in place to ensure this was rectified.
- Staff understood the provider's whistleblowing procedures and told us they felt able to raise concerns

Assessing risk, safety monitoring and management

- People's care records reflected the care being delivered, however we identified one person to be at risk when using their kitchen independently. We raised this with the management team who promptly sent us a risk assessment which addressed this.
- Risks to people had been identified in relation to their nutrition, dehydration and skin integrity. We reviewed the monitoring charts people had in place and found these had been continuously completed and reviewed
- Environmental risks were well managed, regular checks had been carried out which included water temperature checks and fire safety.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- Staffing rotas evidenced there were enough staff deployed to meet people's needs. People were supported by regular staff members who they were familiar with.

- During the inspection, we observed staff spending time speaking and listening to people and also carrying out art and craft activities.

Using medicines safely

- Medicines were safely managed. Regular checks were completed of the medication stock and records, we reviewed these records and we found people had their medication administered safely and in line with the prescribing instructions.
- The service worked in partnership with other professionals to ensure people received their prescribed medicines as required. There was clear detailed guidance for staff for safe administration of 'as and when required medicines' (PRN). This meant people received these medicines when they needed them.
- Medicine was administered by trained staff. Staff received regular checks direct observation of their practice to ensure medicines were administered safely.

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.
- The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

Learning lessons when things go wrong

- The registered manager acted promptly by telling us the actions they would take to address the findings of our inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans included detailed individual information about people's choices and preferences the information had been regularly reviewed and reflected people's changing needs.
- People's needs were assessed before they started using the service to ensure these could be met. Relatives told us they had been fully involved in the assessment and care plan process.
- Relatives consistently told us that staff knew people well. One relative told us "Staff know [person] really well, what she likes they genuinely care."

Staff support: induction, training, skills and experience

- Staff had completed induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge.
- The service had effective systems in place to support and supervise staff. Staff received regular supervision. This included observation of their competencies which included feedback on their performance.
- Staff were supported to carry out their roles with a range of regular mandatory training. Staff told us "I feel listened to and can ask questions" and another told us "When we do fire drills, I make sure we speak to staff afterwards so we look at how we can improve."

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

- People were supported to follow a balanced diet. Where people needed support to eat and drink we observed this to be provided with dignity and patience.
- People's care plans detailed their specific dietary preferences, staff were knowledgeable of this and we could see people's preferences were being met. For example, we found that when a person required a gluten free diet, this had been catered for and staff were aware of this.
- People and relatives told us the food provided was of a good standard. One person told us "The food is really nice" and a relative told us "The food is lovely".

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external professionals to reduce the risks they had identified. We found information that external professionals had provided had been included in people's care plans for staff to follow.
- Staff had sourced specialist equipment for people when they had identified this was required. A relative told us "They got [person] a specialist chair, as they had noticed [person] was leaning to one side when

sitting".

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

- People's bedrooms and apartments were personalised with their belongings, chosen pictures and ornaments.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain and improve their health. The management team had liaised with external health care professionals when needed to ensure people received the required support.
- The service ensured that guidance from health care professionals was detailed in people's care plans. For example, when a person had experienced weight loss there was clear information available which staff followed to ensure the person was supported to gain weight.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had mental capacity assessments and best interest decisions in place when relevant, these had involved people with the legal authority to do so on behalf of the person where appropriate.
- Where relatives held Lasting Power of Attorney (LPA) for people, which meant they were legally able to make decisions on people's behalf, the provider had checked the LPA was in place.
- Staff had received training in the principles of the MCA and DoLS. This training was reoccurring, so staff were able to refresh their knowledge and understanding.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes for ensuring people were protected from financial abuse required improvement. We found the providers governance procedures had not identified that staff had not followed the financial transaction procedure the provider had in place.
- Systems and processes in place to review care records had not identified all risks This meant these risks were not effectively managed or mitigated against. For instance, we identified one person to be at risk when using their kitchen independently. We raised this with the registered manager who promptly sent us a risk assessment which addressed this and informed us they would review their processes .
- The providers system in place to analyse accidents and incidents did not include those that had occurred in The Glen Care Village. For example, we found a number of incidents where people had suffered a fall these incidents had not been actioned by the registered manager or included in their accident analysis. We raised this with the management team who told us the actions they would immediately put in place to ensure this was rectified.
- The registered manager carried out regular quality audits of the service and had created an action plan to address any areas for improvement. We reviewed this action plan and could see that actions had been completed or were in progress. However, these audits had not identified the concerns we found with financial procedures, gaps in risk assessments and poor analysis of accidents and incidents.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a person-centred and positive approach to the planning, delivery and reviewing of people's care, this was demonstrated by staff's understanding of people's needs and the care plans in place.
- Staff felt supported in their roles. Staff told us "It's a great team, everyone is really supportive". And "If you raise a problem, [registered manager] listens and deals with it."
- Positive relationships had been developed with people using the service, relatives and staff. A relative told

us "The manager always comes to speak to us when we visit" and another told us "They involve me in [person's] care and care planning".

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

- The registered manager gathered feedback about the quality of the service through surveys to people and staff. We reviewed the feedback people and staff had made and found this to be positive with suggestions made to staffing and activities. The management team told us of the actions they intended to take which included creating a newsletter to keep people up to date with planned activities.
- Staff attended regular supervisions and staff meetings where important information was shared and staff had the opportunity to feedback and ask any questions.
- Relatives told us they had opportunities to suggest improvements to the service and that when they had any queries these were promptly resolved.
- People were supported to engaged in activities that were suited to their individual needs. We observed several activities taking place during our inspection and a relative told us how the staff had sourced sensory items for their relatives who were living with Dementia.

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 registered manager understood their duty of candour responsibilities. We reviewed the records in place and found that the correct actions had been taken to meet this regulation.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's and speech and language therapists to support people to access healthcare when they needed it which had improved people's outcomes.
- We found the service had acted promptly when there had been a concern about a person's health. The service had contacted the relevant health professional to seek advice and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The providers systems and processes for managing people's finances was not robust. The providers policy and procedure for managing people's finances had not been followed this left people at risk of financial abuse.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes were either in place or robust enough to ensure the safety and quality of the service.</p>