

Millennium Care (U.K.) Limited

# Norley Hall Care Home

## Inspection report

Norley Hall Care Home  
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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

Norley Hall Care Home is situated in its own grounds, on the outskirts of Wigan. The accommodation is divided over two floors. The service provides accommodation and personal care for up to 52 older people. At the time of our inspection there were 51 people living at the home. The service was last inspected in June 2014 when it was compliant with the regulations reviewed and in force at that time.

This was an unannounced inspection which took place on the 20 and 28 October 2016.

The service is required to have a registered manager in place. There was a registered manager in place at Norley Hall Care Home. A registered manager is a person who has registered with the CQC 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 2008 and associated Regulations about how the service is run. The registered manager was present during this inspection. People told us the registered manager was approachable and fair. During our inspection we found the registered manager to be open, caring and committed to providing a good quality caring service.

People told us they felt safe at Norley Hall Care Home. Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service. They told us they were certain any concerns they raised would be taken seriously by the managers in the service.

Robust recruitment procedures were in place which ensured staff had been safely recruited. Staff received the training, support and supervision they needed to carry out their roles effectively.

Medicines were stored safely and securely and procedures were in place to ensure people received medicines as prescribed.

People's support needs were assessed before they moved into Norley Hall Care Home. Care records were written in a person centred way and contained good information about people's support needs, preferences and routines. Risk assessments were in place for people who used the service and staff. They described potential risks and the safeguards in place. Care records we had been reviewed regularly and had been updated when people's support needs had changed. People and their relatives had been involved in planning and reviewing the care provided.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection and staff received training in infection prevention and control.

We found the building to be clean, bright and well decorated with no malodours. The bedrooms we went in were spacious, well-furnished and were personalised with people's own photographs and ornaments.

Accidents and incidents were appropriately recorded. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately.

People had their health needs met and had access to a range of health care professionals. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored. The food within the service was nutritionally balanced and plentiful. All the people we spoke with told us the food was good.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was meeting their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

All the people we spoke with were positive about the support they received and the caring and kind attitude of the staff. We found the atmosphere to be homely and interactions between staff and people who lived at the home were warm, friendly and relaxed. We found that the registered manager and staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them.

There were a range of activities and social events in the home and in the community on offer to reduce people's social isolation. People told us they enjoyed the activities.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected.

We saw there was a system for gathering people's views about the service. There was a system in place to record complaints and the service's responses to them. People told us they didn't have any complaints but were confident that they would be listened to and action would be taken to resolve any problems they had.

There was a robust system of weekly, monthly and annual quality monitoring and auditing in place to help improve the quality of the service provided.

Everyone we spoke with was positive about the service and the way it was managed. Staff told us they enjoyed working for the service and felt supported in their work.

The service had notified CQC of any DoLS authorisations, accidents, serious incidents and safeguarding allegations as they are required to do.

## 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.

There was a safe system of recruitment in place to help to ensure people using the service were protected from unsuitable staff. There were sufficient staff on duty to meet people's needs.

Systems were in place to ensure that people received their medicines safely. Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

### Is the service effective?

Good ●

The service was effective.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA.)

Systems were in place to ensure people's nutritional needs were met.

Staff received the induction, training, support and supervision they required to be able to deliver effective care.

### Is the service caring?

Good ●

The service was caring.

All the people we spoke with were positive about the support they received and the warmth, kindness and caring attitude of the staff.

The staff and managers knew people well. They spoke fondly about people who used the service. We saw staff provided

support in a caring, patient and unhurried way. They took time to listen and respond to people.

People were treated with dignity and respect by the staff who cared for them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care records were written in a person centred way and contained good information about people's support needs, preferences, interests and routines.

A system was in place to ensure care records including risk assessments and care plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

People knew about the complaints procedure and how to make a complaint. They were confident that they would be listened to and action would be taken to resolve any problems they had.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager was caring and committed to providing a good quality person centred service.

There was a good system in place for monitoring and reviewing the quality of the service provided.

People we spoke with were positive about the manager, staff and the service. Staff felt supported and enjoyed working for the service.

# Norley Hall Care Home

## **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 was an unannounced comprehensive inspection which took place on 20 and 28 October 2016. The inspection was undertaken by two adult social care inspectors.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority for their views on the service; they raised no concerns.

During our inspection we spoke with six people who used the service, five visitors, the registered manager, deputy manager, three care workers, two assistant cooks, the maintenance person and a visiting health care professional.

We carried out observations in public areas of the service. We looked at five care records, a range of records relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

People told us they felt safe at Norley Hall Care Home. People we spoke with told us, "I trust them completely", "I feel [person who used the service] is safe and well looked after. I don't have to worry when I go home" and "I don't feel I have to worry."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. Training records showed that staff had received training in safeguarding. Staff we spoke with told us they were confident they would be listened to and that the registered manager would deal with any issues they raised.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed, such as the local authority and CQC. Staff we spoke with were aware of the company policy.

We found there was a safe system of recruitment was in place. We looked at three staff personnel files. We noted that all the staff personnel files were well organised and contained an application form where any gaps in employment could be investigated. The staff files we looked at contained at least two written references, copies of identification documents including a photograph and information about terms and conditions of employment.

All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters.

We looked at the staffing arrangements in place to support the people who lived at the home. People we spoke with told us there were always staff available to provide the support they needed. They told us, "At times they seem a bit short. But they always respond and do regular checks", "They respond when I call" and "Whenever we have asked for help they have come." During our inspection we saw that staff provided support when people needed it in an unhurried way. We saw that staff did not always wait to be asked for support, they asked people if they needed anything.

The registered manager and staff we spoke with told us cover for sickness and leave was usually provided by permanent staff completing extra hours. Examination of the staff rotas showed us staffing levels were

usually provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff. This meant there were enough staff on duty to meet the needs of the people who used the service.

We looked to see if people received their medicines safely. We found that people were receiving their medicines as prescribed. We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines. We noted all staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely. We were shown a new medicines competency assessment that had been introduced which was very detailed and included questions for staff and tasks they had to be observed completing.

We viewed 17 people's medicines records including MAR charts during the inspection. We observed that each person had a Medicine Administration Record (MAR) chart in place, this included a photograph of the person, a list and photographs of all their medicines and the times these should be given. We saw that all prescribed medication had been administered and most had been signed off correctly. We saw that on two occasions in the last month staff had not signed the MAR chart to confirm they had given medicines as prescribed. We noted this had been identified and addressed during an audit of medicines carried out by the deputy manager.

Two MAR charts we looked at contained entries marked with 'O' or 'X.' These codes were not included on the MAR sheet codes. We discussed this with the registered manager who told us that they were used to indicate the person had not required the medicine on those occasions. They said they would review the MAR sheet and ensure it was clear what the mark being used meant. During the second day of our inspection we saw these codes had been added to all relevant MAR sheets.

On the first day of our inspection we saw that the home did not have protocols in place to advise staff on when as required medicines (PRN), such as pain relief and creams, should be given. The registered manager told us that these protocols would be put in place for each person using PRN medicines. On the second day of our inspection we saw that protocols were in place for each person who had PRN medicines. These explained what the medicine was, the required dose, when the medicine was needed, if the person was able to tell staff they needed it and if not what signs staff needed to look for. This ensured that any 'as required' medicines were being administered safely and appropriately.

We found one person's topical cream which was prescribed for use 'as required' did not have specific instructions on where the cream should be applied. It stated 'Apply to infected area.' There was no body map to indicate to staff where the cream should be applied. The registered manager told us that staff working with the person knew where the cream should be applied, but told us they would ensure the medicine's records included a body map showing clearly to staff where the cream should be applied. On the second day of our inspection we saw that each person who had topical creams had a body map attached to the protocol to guide staff on where the cream was to be applied. We saw that these were kept in the person's bedroom, with a protocol of when to apply and a chart for staff to sign to say they had administered. This would help to ensure the safe and effective use of the medicine.

We found the medicine's room to be clean and tidy. We noted that the temperature of both the medicine's room and the medicine's fridge had been checked and recorded daily. We saw that over the last month the temperatures had remained within recommended levels.



There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for their misuse) saw that this was kept locked with the key stored in a separate locked container; the key to this was held by the person in charge of medicines on that shift. We checked the stock levels of all controlled drugs (CD) in the CD cupboard and saw that these tallied with the CD register. We also noted that all entries were supported by two staff signatures as is required.

We completed stock checks of people's medicines. All medicines we checked had the correct amount remaining, indicating that all medicines had been administered and recorded correctly. We found that one medicine had 28 tablets less in stock than was indicated in the records. However the registered manager showed us records that proved the 28 tablets had been returned to the pharmacy. A recent audit had indicated all stocks were correct. The registered manager told us they would review their auditing procedures. On the second day of our inspection the registered manager showed us that a new more detailed audit procedure had been introduced. This included details of all stocks checked and any action taken if any inaccuracies were identified.

We looked in several bedrooms and all communal areas and found these to be clean and tidy. We found the building to be bright and well decorated with no malodours. The bedrooms we went in were spacious, well-furnished and were personalised with people's own photographs and ornaments. Each bedroom had an en-suite toilet. We saw communal toilets and bathrooms were clean, tidy and contained appropriate hand hygiene guidance, paper towels liquid soap and foot operated pedal bins. People we spoke with told us the home was always kept clean. They said, "They keep on top of things. The home is always clean and tidy" and "They keep everywhere clean and tidy."

The registered manager told us the home had recently had improvements to the decoration and furnishings in communal areas and some bedrooms. We saw there was new non slip flooring on the second floor corridors; the registered manager told us the provider was planning to replace down stairs carpets with the same flooring.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons.

We looked at the systems in place for laundry and found the procedures ensured people's clothes were cleaned and people were protected from the risk of infection. The laundry had good procedures for keeping dirty and clean laundry separated. One visitor said, "Clothes used to go missing or end up with the wrong person. It's got a lot better recently."

We looked at five people's care records. We found people's care records contained risk assessments. We saw these records were detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included nutrition and hydration, mobility, medicines, choking, pressure areas, continence and falls. We saw that records had been reviewed regularly and we found that where changes had occurred the records had been updated.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service and members of staff. These included community outings, fire, bathrooms, garden area, communal spaces, electrical appliances, the lift and hoists, medicines, window restrictors and legionella. We noted that all risk assessments had been regularly reviewed. This meant the provider had

taken seriously any risks to people's health and well-being and put in place information to guide staff on how to reduce or eliminate identified risks.

Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. These were kept in people's care records and in a file in the 'Fire Grab bag.' This was kept in the reception area for use in the event of a fire. We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and records showed that staff had received training in fire safety awareness.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it had been reported to CQC or the local authority safeguarding team. We found that managers of the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. We saw that following one accident where a person had fallen, the person's care records had been reviewed and updated. Additional equipment had been provided and a referral had been made to the person's G.P. for a review.

People told us they could have a key to lock their bedroom door for security for their possessions if they wished. People also had a locking cupboard in their bedrooms that they could keep things safe in. One person said, "I have the key [to the door] in my pocket."

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a business continuity plan. This informed managers and staff what to do in the event of such an emergency or incident and included the building becoming uninhabitable, lack of availability of staff, loss of computer systems and telephones, loss of gas, electricity, catering, fire and severe weather. This means that robust systems were in place to protect the health and safety of residents in the event of an emergency situation.

## Is the service effective?

### Our findings

People we spoke with told us they received the care they needed when they needed it. They told us, "I can do what I want and call if I need anything" and "I have everything I could need and want."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions. When they lack mental capacity to make 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 when it is in their best interests and legally authorised. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA.

Care records we reviewed contained evidence that the service had identified whether each person could consent to their care. At the time of our inspection authorisations for DoLS were in place for nine people who used the service and applications had been made for four other people. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

Prior to our inspection we looked at our records and found that the service had notified CQC of the DoLS authorisations, as they are required to do. Training plans we looked at and staff we spoke with showed that staff had received training in MCA and DoLS and understood their responsibilities. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

Some people who used the service told us they were able to access the local community if they wished and staff would offer support if needed. One person told us, "I am not restricted. If I want to go to the local shops I just let them know."

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. Records we looked at and staff we spoke with showed that staff received training that included safeguarding, moving and handling, medicines, dementia care, person centred planning, dignity and respect, equality and diversity, fire safety, infection control, food hygiene and first aid.

We were told by the registered manager that when staff started to work at the service they received an induction. Staff we spoke with confirmed this induction had included reading policies and procedures as well as completing required training and shadowing experienced staff. Staff told us their induction and training had helped them understand what was expected of them and helped them to carry out their role effectively. Staff told us they were also given the opportunity to study for level 2 and 3 Health and Social care courses.

Records we reviewed showed that staff received regular supervision. Staff we spoke with were positive about the support they received. We found that regular staff meetings were held. The registered manager told us these gave staff an opportunity to discuss any issues that were important to them or that were affecting people who used the service.

We looked at how people were supported to eat and drink. People we spoke with told us they enjoyed the food and that it was plentiful. People said, "I really enjoy the food its lovely", "The roast dinner is lovely", and "It's OK. It's a bit old fashioned, but you get plenty" and "You can ask for an alternative." People told us that they could have food and drinks in their bedrooms if they wished; one person told us that they always had their supper in their room. Another person said, "They are coming around all day with drinks and food."

During meal times we observed that the dining areas were nicely set out, with drinks provided on all tables. On the first day of our inspection we that the lunch time meal was plentiful and nutritionally well balanced. We saw that people were offered choice and staff took meals to people's table to show them what was available. The registered manager told us the service was introducing pictorial menus,; these would help people choose what they wanted to eat. We saw these menus were also colour coded to help people choose a healthy diet.

We spoke with two assistant cooks and found they had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. They were able to tell us about people's preferences. We saw that people's preferences were respected. Records showed the assistant cooks had received training in food preparation and food hygiene. We found the kitchen was clean. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. The service had received a 5 star rating from the national food hygiene rating scheme in July 2016 which meant they followed safe food storage and preparation practices. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and appointments with district nurses, the mental health team, opticians, speech and language therapist and dietician. People we spoke with told us that when people need to go to hospital staff always escorted them and stayed until family arrived.

A visiting health care professional was very positive about the service and the support people received with their health needs. They said that when the service had concerns about people's health they referred them through in a timely manner and any advice given to staff was followed and outcomes were well documented.

## Is the service caring?

### Our findings

All the people we spoke with were positive about the support they received and the caring and kind attitude of the staff. They told us, "The girls are so caring", "They are marvellous", "So very caring", "They are brilliant, really good", "They are always respectful and polite" and "I am very happy. They have been so nice and kind." Other people said, "They have been good to [person who used the service] and us", "The staff are very kind and considerate", "Staff are polite and speak to people in an appropriate manner", "Staff treat people as if they are their own relative" and "It's homely."

During the inspection we spent time observing the care provided in all areas of the home. We found the atmosphere to be homely and saw staff members warmly greeting people upon first seeing them. We observed staff sitting and chatting with people; all interactions were warm, friendly and relaxed.

We found that the registered manager and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. We observed staff having conversations with people about things that were important to them. On the first day of our inspection one person who used the service became upset; staff spent time with them and knew what to say to reassure them. One staff member told us, "You can take time out for people. You treat people like you would treat your own."

Our observations and discussions during the inspection showed staff supported people to be as independent as possible. Care records included information about what people could do for themselves such as washing or dressing and guided staff on ways to help promote people's independence. One person's records advised staff to place things such as toiletries and clothing where the person would expect to find them. It stated that if staff did this it would, 'Make a big difference to [person's] ability to remain independent.'

We saw people being encouraged to mobilise independently using walking aids. The registered manager told us about two people who liked to sit and chat privately in a small kitchen area away from staff and other people who used the service. Staff had given them refreshments and made sure they had privacy to have their chats.

Care records included information to guide staff on how best to communicate with people. One record for a person who sometimes forgot the subject they were talking to people about said, "A gentle reminder of [person's] last statement or a suggestion of the missing word may help. Carers will need to be sensitive to the conversation and [person's] feelings."

The registered manager told the upstairs bedrooms all had different coloured doors, which also had the appearance of a front door. Each corridor had been decorated on a different theme as if it was a street. This was to help people living with dementia identify where their bedroom was and so promote their independence.

The manager told us the home had an open door policy to people's visitors. Visitors we spoke with said they were made to feel very welcome. During our inspection we saw lots of visitor coming and going. Visitors we spoke with told us they were made to feel welcome when they visited. One told us, "I have visited other homes, this one is the best. You are always made to feel welcomed and offered refreshments." Other people said, "We come at any time throughout the week, it's not a problem. They provide us with refreshments", "We always feel welcome", "They look after [person who used service] and us, they offer us meals."

We saw that consideration was given to people's religious and spiritual needs and that arrangements were in place for people who wanted to, to practise their religion within the home.

Records we looked at also showed that, where necessary, people had access to Independent advocates (IMCA) to help support them when specific decisions needed to be made about their care and support. This helped to ensure that decisions made on their behalf were done so in their 'best interests'.

Care records we looked at showed that people had discussed their wishes about how they wanted to be cared for at the end of their lives. We saw that where appropriate relatives had been involved.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

## Is the service responsive?

### Our findings

People who used the service and their relatives told us the service was responsive and staff were flexible in meeting their needs. People told us that staff would go 'the extra mile.' They said, "The staff are very obliging" and "Nothing is too much trouble" and "They have made us very comfortable. Things are going well so far."

People told us they had been invited to visit the home prior to starting to live there. The registered manager told us they also encouraged people to bring personal items such as photographs and furniture so that people had familiar things in their bedroom to make them feel more at home.

The registered manager told us that before people moved into Norley Hall Care Home their needs were assessed. Care records we saw contained copies of these assessments. We saw the assessments included information about people's communication, support and health needs, medicines, allergies, mobility, nutrition, social history, likes and dislikes, interests and hobbies, capacity and consent. This meant the service could ensure people were suitably placed and that staff knew about people's needs before they moved in.

We saw these assessments had been used to develop electronic care records that included care plans and risk assessments to guide staff on how best to support people. We looked at five people's care records. We found they were very detailed, person centred and also included information about people's daily living skills, routines and preferences. The records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences.

Care records we looked at had been reviewed regularly and had been updated when people's support needs had changed. We saw that detailed daily logs were kept for each person. During our inspection we found that these records were updated by staff throughout the day as things happened. This ensured that information about people was current.

We were told that staff were made aware of changes in people's support needs during the handover that happened each morning and via email. We saw that handover notes were detailed and included any planned visits from health care professionals, accident or incidents and social activities or outings the person had planned for the day.

We looked to see what activities that were offered to people that lived at Norley Hall Care Home. We found there was a wide variety of activities both in the home and in the community. These included exercise group, games and quizzes, bingo, arts and crafts. We saw that line dancing sessions were planned. People also told us a hairdresser came twice each week and they could book appointments with them. We were told that regular outings were organised to the dementia café, a sensory farm and a community social club which was next door to the home. We saw photographs of a recent trip to Blackpool Tower ball room where people had had afternoon tea.

Relatives of people who lived at the home also offered regular reading and singing clubs. People told us they enjoyed Saturday nights when they had pizza from a local take away, had drinks and watched Strictly Come Dancing on television. They told us that important occasions such as birthdays were always celebrated. We saw people relaxing and reading newspapers. People told us they enjoyed the activities on offer. The registered manager told us that they had just appointed an activity co-ordinator to further improve the range of activities on offer.

The registered manager showed told us they had recently worked with an organisation that supported young people in social projects. We saw that the young people and people who lived at the home had created a sensory garden in the grounds, with scented flowers for the residents to enjoy.

We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It gave contact details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to complaints. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints and any action taken. We saw one complaint had resulted in the service asking a GP to review someone's medicines. People we spoke with said they had no complaints about the service but were confident the registered manager would deal with any issues quickly. People told us, "I have no complaints about anything"; "If I had any complaints I would go to [registered manager]."



## Is the service well-led?

### Our findings

Everyone we spoke with was positive about the service and the way it was managed. People told us, "I would be happy to say to anyone to come [to live at the home]."

The service had a registered manager in place as required under the conditions of their registration with CQC. People told us the registered manager was approachable and friendly.

Staff we spoke with said the registered manager was, "Always there", "Very supportive and flexible" and "Very firm but fair." During our inspection we found the registered manager to be open, caring and committed to providing a good quality caring service.

Staff told us they liked working at Norley Hall Care Home. They said, "It's a good job, stable team and I feel supported. I feel confident in the management" and "It's a good team, we all muck in, its team work." They told us the provider visited regularly. They said, "He always says hello and acknowledges people when he visits" and "He visits regularly and acts on things."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there were good systems of weekly, monthly and annual quality assurance check and audits. These included health and safety, safeguarding, accident and incidents, training, supervision, complaints, care records and finances.

Records showed that the registered manager also kept a separate log of any safeguarding, accident or incidents which had occurred in the service. This log was reviewed monthly and the information was used to identify and themes or patterns so that action could be taken to prevent future occurrences. We saw that the electronic care records system also alerted managers if any reviews were overdue or if records such as weight recordings had not been completed by the due date.

Records we saw showed that the provider undertook their own detailed quality audits based on CQC standards. We looked at the last audit which had taken place in August 2016. We saw that it detailed issues found and actions that needed to be taken and by when. At the last audit a need to review medicines competency's had been highlighted; we saw this had been actioned.

We found that when people started to use the service they were given a service user guide. This contained important information about the service and the way it was run. It included information about staff, how the quality of the service would be monitored, confidentiality, how to make a complaint and details of the services provided. This should help to ensure people knew what to expect from the service.

We found the service involved people who used the service in contributing to how it was run. Family and resident's meetings were held and had included cheese and wine evenings. We saw that these meetings were held regularly and were run independently by relatives of people who used the service. There was also

a resident's spokesperson who attended all these meetings. We saw that a newsletter was produced after each of the meetings so that people who had not attended could read about what had been discussed.

At the most recent family and resident's meeting the registered manager had discussed how people could provide their feedback about the service on an independent website that allows people to score care homes out of 10. We saw that based on recent feedback from 24 people the home had been rated as 9.7 and all the feedback was very positive. The service also distributed stakeholder surveys. These were based around the CQC inspection domains of is the service safe, effective, caring, responsive and well led. We saw these questionnaires were given to people who used the service, their family member, advocates and health and social care professionals who worked with the service. We saw that the responses were positive.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.