

Normanton Limited

Normanton Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Normanton Lodge is a residential care home providing personal care for older people, some of whom were living with dementia. Normanton Lodge is registered to accommodate 26 people, at the time of the inspection 17 people lived at the service.

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

People told us they felt safe living at Normanton Lodge. The registered manager and staff knew how to protect people from the risk of harm or abuse. There were enough staff available with the appropriate skills to meet people's needs.

Staff were recruited safely however, some documentation was missing from staff recruitment files, this was acted upon straight away by the registered manager and the missing documentation produced. The registered manager was aware that recruitment files needed to be more robust and was working to embed this in practice.

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. People received their medicines as prescribed and systems were in place to receive, store and manage medicines safely. Staff followed infection control guidance and had access to personal protective equipment (PPE).

The registered manager and staff understood their roles and responsibilities. Staff liaised with health and social care professionals to ensure people's health and care needs were met. There were several quality assurance processes in place and the registered manager had good oversight of the quality of the care provided to people. People and their relatives were given the opportunity to give feedback on the care received, this was used to drive improvement in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, management oversight, risks to people not being managed and infection control. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Normanton Lodge

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

This inspection was undertaken by one inspector and an assistant inspector.

Service and service type

Normanton Lodge 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 is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives, on the telephone, about their experience of the care provided. We spoke with six members of staff including the registered manager and the deputy manager. We reviewed a range of records this included four care plans and several medicine records. We viewed four staff files in relation to recruitment and staff supervision. We looked at a variety of governance records relating to the management of the home which included policies and procedures. We sought feedback from external health and social care professionals who have regular contact with the service.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were recruited safely, however some of the recruitment files had documentation missing. This was brought to the attention of the registered manager, and the missing documentation was provided electronically. The registered manager told us that they had been working on improving the recruitment files to make them more detailed and robust, this was work in progress. The registered manager was open to the feedback regarding these files, we were assured staff were recruited safely and this was an administration issue.
- Procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at Normanton Lodge. This included enhanced Disclosure and Barring Service (DBS) checks for adults. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty to ensure people's safety. During the inspection we observed staff responding promptly to people's needs and did not appear rushed. One person told us, "All I have to do is press this [call bell] and they come straight away. There's usually someone floating about all the time anyway." A relative told us, "It is a very pleasant, quiet and calm atmosphere. When I'm there, I hear the buzzer from other rooms, but it's silenced very quickly." Another relative added, "Staffing seems to be really stable; seems to be the same faces but I don't think they generally use agency. There is hardly any turnover; for me it's reassuring."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe and robust policies and procedures were evident to minimise risks of abuse. Staff showed good knowledge of safeguarding and what to do if they were concerned. Any concerns had been reported appropriately to the correct agencies, such as the local authority and CQC.
- People told us they felt safe and they could talk with staff if they were worried about anything. One person told us, "I do feel safe here. They are good people and always look out for me."
- Relatives spoken with had no concerns about the safety of their loved ones. Relatives comments included, "They know my [relative] really well. I have no concerns at all" and "I have to say they have been extremely attentive to any change in [relative's] condition. It's a big relief; the knowledge knowing [relative] is happy and safe."
- Accidents and incidents were recorded and analysed by the registered manager. This enabled patterns and trends to be identified and changes to be made to care plans and risk assessments in response. For example, some people who were high risk of falls had sensor mats in place to alert staff if they were mobilising and may need assistance. Updates were shared with staff to make sure that lessons were learnt.

Assessing risk, safety monitoring and management

- Risks to people were assessed and regularly reviewed. Risk assessments were personalised, detailed and gave staff clear guidance on ensuring people were supported safely. They covered a wide variety of areas, including pressure area care, nutrition and hydration needs, use of bed rails, and mobility.
- People received their care and support in accordance with their individual risk plans, this meant risks to people were reduced. A relative told us, "For me, knowing [relative] is safe is the best thing. They've done a risk assessment for [relatives] mobility especially if they had a fire and how they would get out. They monitor [relative's] weight closely too because of their medication."
- Staff demonstrated good knowledge on how people preferred their care and support to be given to ensure they were cared for as they wished. A staff member said, "I feel we are super person-centred here. We encourage people to make their own choices and do their own thing, whilst balancing that with any risk." Risks were managed in the least restrictive way to ensure people were cared for safely whilst still maintaining their independence.
- People had individual emergency evacuation plans in place. These were easily accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident. There was a clear process in place to assess the risk of fire and staff demonstrated an in-depth knowledge of this.
- Normanton Lodge employed a specific maintenance person to carry out all works required. We saw evidence of up to date checks to ensure the environment was safe for people. These included fire safety, gas and electricity checks, moving and handling equipment, and the water systems.

Using medicines safely

- Medicines were managed, administered and stored safely. Staff received medicine training and had their competencies checked regularly to ensure they were safe and competent to administer medicines to people.
- People received their medicines as prescribed. Where people were prescribed medicines they only needed to take occasionally, there was clear guidance for staff to ensure those medicines were administered as people needed, in line with their prescription.
- Medicine administration records (MARs) were accurate and detailed. For example, where a person required a patch to be placed on their body, the exact location was noted as well as the dose. When people had topical creams administered these were recorded on a body map, to ensure people had their creams administered safely.
- Regular medicine audits were completed to address any issues in medicine administration. Any issues were documented and addressed immediately to promote safe practices.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 home allowed visiting in line with government guidance. There were no restrictions on visiting and people could see who they wished when they wanted.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- There was a clear management structure and staff showed a good understanding about their roles and responsibilities, showing commitment to ensuring people received the best care for their individual health needs.
- The registered manager knew their legal responsibilities for sharing information with CQC and other bodies. Where the service had to tell us about significant incidents, statutory notifications had been sent to CQC appropriately as required by the regulations.
- There were robust quality assurance processes in place which both the registered manager and deputy manager were involved in. This included a variety of audits to ensure the quality of service was maintained and any shortfalls identified and acted upon. The audits covered a range of areas including medicines, infection prevention and control, accidents and incidents and care plans.
- There was an ethos of continuous improvement and learning. The registered manager and staff spoke positively about their commitment to learning and making improvements to the service people received.

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 duty of candour was understood by the registered manager, and there was a culture of learning, openness and continual improvement. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to treatment and care.

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

- The registered manager and provider operated an open-door policy where people, staff, relatives and other professionals could contact them if they had any concerns about the service provided.
- People, their relatives and staff expressed confidence in the registered manager and staff team. One person said, "I've not really had to complain but I'm sure if I did [registered manager] would take me seriously." A relative added, "They're straight on the phone if there's any issues, they tell us." And, "It's obviously good teamworking. I chat with all the staff, they always seem happy."
- Staff spoke positively about the management of the home and how approachable they were. One staff member told us, "If I was concerned, I would go straight to [registered manager]. They follow everything up and address things quickly. We have handovers, meetings and general catch ups to make sure we're all learning and doing our best for people here."

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

- People and relatives told us they felt involved in the running and shaping of the service. One person told us, "Staff and [registered manager] are always popping in, checking I'm ok and asking whether I want anything. We do have meetings, but I tend to keep myself to myself." A relative said, "Management are great, I speak to them regularly on the phone with them. They're quite engaging and address concerns I have. They wear their hearts on their sleeves; seem genuine and very positive."
- Staff were positive about working at Normanton Lodge. They said they received regular supervisions and attended staff meetings to share information and learning with one another. One staff member told us, "I love it here. Everyone gets on so well, we always work together. [Registered manager] and [deputy manager] are both great, their door is always open."
- People and relatives had opportunities to provide feedback through questionnaires, telephone calls and meetings. We reviewed a selection of completed quality assurance questionnaires, comments included; "Communication has been very good" and "[Person] seems happy."

Working in partnership with others

- Staff worked in partnership with GP's, community nursing teams and other healthcare professionals to improve outcomes for people and to ensure they received specialist healthcare support when needed.
- The registered manager worked closely with the local authority to drive improvement in the quality of care.