

Four Seasons (No 7) Limited

Norwood Green Care Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Norwood Green is a residential care home providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The service can support up to 92 people and is registered to provide nursing care to people with dementia, mental health needs and general nursing care. The home accommodates people across three separate units, two that provide nursing care and one that provides personal care. Norwood Green is part of Four Seasons Limited a national organisation that provides mostly care home services to people in the UK.

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

During the inspection we found the provider had systems and processes in place to help keep people safe. We did not fully look at the way the provider managed medicines but, we found the instructions for the application of one person's topical cream were not clear. This meant there was a risk the medicine would not be applied appropriately and consistently to the person. We also observed a medicines trolley that was closed but not locked which meant people could potentially access the medicines.

We found that some of the care plans we looked at were not person centred and therefore did not effectively meet people's needs. This included the ineffective use of a behavioural tool for one person, and the communication care plan of another person, which lacked clear guidance about the support the person needed. The manager was aware of the need to make care plans more person centred and was in the process of reviewing and rewriting them.

We were specifically looking at the management of pressure area care and we saw evidence that the provider had taken a number of actions to improve the assessment and management of pressure ulcers. We also found the provider had appropriate infection control policies and procedures in place. Staff gave positive feedback about the current manager and changes in the service.

During the inspection we found that the provider had made improvements to the assessment and management of pressure ulcers. However, there remains significant concerns around sustainability and the provider being able to demonstrate the changes are embedded and will be maintained.

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 requires improvement (published 4 October 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns regarding the prevention and management of pressure ulcers and wound care. A decision was made for us to inspect and examine those risks. The overall rating for the service has not changed following this targeted inspection and remains

requires improvement.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement

At the previous inspection the service was in breach of Regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice on the provider for the breach of Regulation 9 and a requirement notice for the breach of Regulation 17. At this inspection we found that the provider had not fully met the requirements of the Warning Notice and remained in breach of the two Regulations but was in the process of making further improvements to meet these.

We will ask the provider for an updated action plan and new timescales to confirm by when they will make all the necessary improvements in relation to the Warning Notice. Please see the back of the report for the action we are taking in relation to the breach of Regulation 17.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. We will work alongside the provider and local authority to monitor progress. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Norwood Green Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we had about the prevention and management of pressure ulcers and wound care. We will assess all of the key questions at the next comprehensive inspection of the service.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Norwood Green Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection, the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection, including information from the local authority. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the home manager, two regional support managers and two registered nurses. We reviewed a range of records. This included seven people's care records and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the prevention and management of pressure ulcers and wound care. We will assess all of the key questions at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to help keep people safe. We looked specifically at pressure ulcers and wound management and saw people's wound care records included risk assessments and risk management plans.
- However, we saw in the records for one person the GP had prescribed a cream to be applied 'as required'. Guidance of when to apply the cream was not clear as the information in the personal care section of the care plan, the skin integrity care plan, the wound care booklets and the topical cream record did not provide consistent information about the frequency the cream should be applied. We raised it with the manager who said they would address the consistency of the records.
- We found the provider had implemented a number of actions to better manage wound care. They had completed body mapping reviews for all people using the service which included pertinent information such as the underlying condition, diet, continence, mobility and resuscitation status. This provided a baseline of people's needs against which any changes could be measured.
- People's records indicated appropriate referrals were made to the Tissue Viability Nurse (TVN) and GP when they developed pressure ulcers. The wound care section of people's care plans included the most recent TVN guidance.
- There was a twice weekly assessment of all service users' skin integrity and where skin integrity had been compromised, a wound care booklet was put in place.
- Twenty one out of 42 service users had wound care booklets. Each time a person's wound was dressed another booklet was completed. The booklet included, people's physical and mental health background, an assessment with detailed descriptors of the wound, recommendations, advice given, body maps and photos. The manager noted the wound booklet documented all actions and recorded the history of the wound so there was a better overview of progress.
- Staff nurses told us they had attended training around pressure ulcers, and this was confirmed by training records we saw.

Using medicines safely

- During the medicines round, we found an unattended medicines trolley that was closed but not locked. This meant there was a risk of service users accessing medicines. When we raised it with the manager, this was rectified immediately.

Preventing and controlling infection

- The provider had appropriate infection control policies and procedures in place, including information around covid-19 to help protect people from the risk of infection.
- Staff had completed infection control training. During the inspection we observed staff wearing personal protective equipment (PPE) at all times and there were PPE stations on trolleys at intervals in hallways.
- There were identified areas of the home that could be used solely for people with covid-19. However, at the time of the inspection this was not required. In addition, where people were isolating in their bedrooms, this was identified by signs on their doors so staff were aware.
- The provider was undertaking monthly 'Infection Prevention and Control Inspections'. These included checks of communal areas, a sample of bedrooms and an action plan to address areas where improvements had been identified, who was responsible for the action and by when the improvement should be made.

Learning lessons when things go wrong

- The manager and the two regional support managers acknowledged that previously there had been issues around the management of wound care, and since the new manager had come into post in May 2020, they had been working to address the issue.
- During this inspection we found the provider had made improvements to how they managed risk assessments and management plans around skin integrity.
- For safeguarding records, where a root cause analysis had been completed to investigate how a person had sustained a pressure ulcer, this was recorded on the provider's electronic system with a conclusion, action plan and lessons learned to improve service delivery.
- Although the provider had records of wound care and was regularly auditing skin integrity for individuals, they did not have a written analysis of the way the service addressed pressure ulcers/ wounds and pressure area care to identify areas where overall improvements might be required or their successes. The manager said they would implement a written audit and analysis to reflect the overall impact of wound care on service delivery.
- We reviewed the last five incident investigation reports from 20 April to 16 June 2020 which were all pressure ulcer related. They were completed on the provider's electronic system and recorded the action taken and lessons learned so preventative measures could be put in place to reduce the risk of re-occurrence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the prevention and management of pressure ulcers and wound care. We will assess all of the key questions at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found people had care plans that were not person centred. We also identified care plans that stated people had behaviours that challenged but there was not always enough information about how to support the person. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice on the provider for the breach of Regulation 9. Following the inspection, the provider sent us an action plan dated 15 November 2019 to tell us what they would do to address the identified breach.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- The behaviour care plan for one person indicated they could sometimes behave in a physically and verbally aggressive manner. The care plan did not mention the use of ABC (antecedent, behaviour and consequence) charts which is an assessment tool that records information that can be used to assess behaviour and create an appropriate management plan. However, we saw ABC charts were being used to record daily activities, which was not their purpose. On 10 July 2020, the person's daily record stated they were verbally aggressive to staff, but this was not recorded in the ABC charts even though that would have been an appropriate use of the charts. We raised this with the managers who said they would address this matter to make sure ABC charts were being used appropriately.
- During the inspection, we heard a person continually calling from their room. The behaviour care plan stated the person called out all the time in their own language out of frustration. The communication care plan dated 20 December 2019 stated '[Person] has problems with communication due to language barrier as they can only speak in [person's first language].' Neither plan had effective guidelines for how to manage the issues. When we raised our concern about the person calling out, a staff member went into the room and spoke to the person in English, which according to the care plan, did not meet the person's needs.

People's care was not always planned in a personalised way to meet their needs, preferences and interests. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they were aware of care plans needing to be more person centred and they had begun reviewing and rewriting care plans to reflect this, along with life stories.

Is the service well-led?

Our findings

WELL LED

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 the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the prevention and management of pressure ulcers and wound care. We will assess all of the key questions at the next comprehensive inspection of the service.

Continuous learning and improving care

At our last inspection we found care plans, although reviewed and detailed in some areas, missed important information in others. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- During the inspection we found that the provider had made improvements. However, there were areas identified during the inspection, which had also been noted by the provider, that were still in the process of ongoing improvement. This included providing personalised care plans for people with more effective and clearer guidance about the actions staff needed to take to meet people's needs, preferences and wishes.
- The last two inspections undertaken in 2018 and 2019 both had four key questions that were rated requires improvement leading to an overall rating of requires improvement for the service. Both of these inspections were carried out under different management staff. The relatively high turnover of management staff in the home might have also led to a lack of consistency and stable leadership, with a robust oversight of the quality of the service offered to people.
- Therefore, although the provider had made some improvements to the service in the short term, there remains concerns around the sustainability of the quality of the service and the provider's ability to maintain, embed and further improve the service, particularly when they begin to readmit new service users, as currently, they are below 50% capacity.

Improvements were being made at the service and the provider was still in the process of embedding and reinforcing new care practices. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was reviewing paperwork, undertaking supervisions and reviewing training to make improvements to the service.

- There was evidence of the changes the new manager had made since May 2020. They noted that they are making simultaneous changes which will serve as a bench mark so care delivery can be monitored and improved upon. They also noted that they were not yet satisfied with all the current standards of recording but their initial priority had been to focus on managing and reducing pressure ulcers.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

- Since 2017 there have been frequent management changes at Norwood Green. There have been four managers and various deputy managers and clinical leads during this time.
- The current manager has been employed with the service since May 2020 and has submitted an application to the Care Quality Commission to become the registered manager. There is a deputy manager in post. The most recent clinical lead left in July 2020 but the provider is currently recruiting to the post. One of the regional support managers is also relatively new to their post. This has meant historically, there has been a lack of consistent leadership.
- The current manager is a qualified nurse, experienced in social care and said they felt supported by senior management. They had been able to make a number of positive changes to the service in a relatively short period of time. For example, they had implemented the wound booklet, which the provider had then started to roll out to their other locations.
- The manager notified us of significant events and safeguarding incidents. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.
- The provider had processes to monitor the quality of services provided in the home which included audits and a monthly Service Improvement Plan (SIP).
- The manager attended a number of regular meetings with staff so they had the most up to date information they required to care for people. There were clinical meetings and a separate clinical handover report which included people's nutrition/diet, choking risk assessments, continence, mobility, skin integrity/wounds, pain control, mental health, medical conditions and any other issues. There was also a daily managers meeting attended by all seniors including those from the catering and domestic support teams.

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

- Staff and senior managers we spoke with felt there had been positive changes in the service since the new manager had been employed.
- Staff noted training had increased and people's care had improved, particularly in relation to wound care.
- The manager told us that good leadership was about training, supervision and meeting with the care staff and the clinical staff. They tried to be visible to staff and to lead by example by demonstrating their commitment to the service using best practice in their role.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have established systems and processes to ensure compliance with the requirements. Regulation 17 (1)