

Norton Manor Care Limited

Norton Hall

Inspection report

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Website:

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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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We inspected Norton Hall on 7 and 8 April 2015 and was unannounced. The provider is registered to provide accommodation and nursing care for up to 30 people who have nursing needs. At the time of the inspection 28 lived at the home.

At the last inspection in June 2014. We found that the provider had breached the Health and Social Care Act 2008 in relation to the management of medicines, supporting workers, assessing and monitoring the quality of service provision and records. Following that

inspection we were sent an action plan informing us of the actions they would take to address the breaches we found. We found that improvements had taken place however the management of medicines remained to be of concern.

We found that some people had not always been administered their medicines as prescribed by a doctor to ensure that individuals health care needs were met. The stock of house hold remedies did not balance with the records held.

Summary of findings

Staff were seen to obtain people's consent before they provided personal care. People who lived at the home and their relatives told us that they felt people to be safe at the home and that staff treated them well. Staff were knowledgeable and recognised their responsibilities regarding keeping people safe. Staff knew about individual risks and were able to respond to people's needs. We saw that staff treated people with dignity and respect while they supported people with their needs.

People had sufficient food and drink to maintain a healthy diet. People told us that they liked the food and that a choice was available. People's health, wellbeing and dietary needs were known to staff members. People had access to healthcare services and were supported to see professionals such as doctors, dentist and opticians.

People told us that staff were kind, caring and respectful. We observed that people were relaxed in the company of staff. People were confident that they were generally involved in the running of the home and making

decisions. Staff confirmed that when busy they did not always have time to escort and assist people to the dining room for their lunch. As a result people were seen eating within the lounge.

Staff were aware of people's likes and dislikes. People were assisted to follow their individual needs in relation to their social and leisure interests. We saw that staff received training and were supported by the registered manager.

People we spoke with were confident that any concerns they raised would be listened to and that action would be taken as necessary. People who used the service, relatives and staff told us that they had found the registered manager to be supportive and approachable. We found that the provider and the registered manager had systems in place to ensure the quality of care provided was monitored. Audits and checks were in place however these did not consistently show the actions taken to ensure that improvement was made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

People's medicines were not always administered safely and in line with their doctor's instructions.

People told us that they felt the service was safe. Risks to people's welfare had been considered.

People felt that staff were at times rushed at busy periods and not always able to give people a choice regarding where they sat for their meals.

Requires Improvement



Is the service effective?

The service was effective.

People's consent to their care was obtained.

People's needs and preferences were supported by trained staff.

People had access to health care professionals and were supported to attend doctor's appointments. People were supported to have sufficient food and drink to keep them healthy.

Good



Is the service caring?

The service was caring.

People told us that staff were kind. People received the care that met their individual needs.

We saw that people's privacy and dignity was respected by staff members.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their individual needs. People were able to engage in their personal interests and hobbies.

People felt confident to raise a complaint and concerns should they needs to do so.

Good



Is the service well-led?

The service was not consistently well led.

There were systems in place to monitor the quality of the service provided; these needed to be improved further to ensure issues were able to be identified and actioned.

Improvements were required to ensure that records held by the registered provider were kept up to date to reflect the care and support provided.

Requires Improvement



Summary of findings

The provider had a registered manager in post. People who lived at the home as well as relatives and staff were complimentary of the registered manager.

The provider had implemented improvements to the décor of the home and provided new furniture.

Norton Hall

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 inspection took place on 7 and 8 April 2015. The inspection was unannounced and was carried out by one inspector.

As part of the inspection we spoke with representatives from the local authority for their opinion of the home. They have responsibility for funding and monitoring the quality of the service provided. They raised no concerns with us.

We reviewed information the provider had sent us since our last 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 improvements they plan to make. As part of our inspection we checked the notifications sent to us by the provider. Providers have to tell us about some incidents and accidents that happen in the home such as safeguarding concerns and serious accidents and injuries. We also looked at the findings from our last inspection. We used this information to help us plan our inspection.

We spoke with six people who lived at the home. We also spoke with four relatives and two visiting professionals. In addition we spoke with the one of the providers and the registered manager. We spoke with eight members of staff including a nurse, care assistants and catering staff.

We looked at a sample of records including three people's care plan, medicine records of six people, staff training records, three recruitment records and quality assurance audits.

Is the service safe?

Our findings

Our inspection in June 2014 found that the provider did not have suitable arrangements in place to ensure that people who lived at the home were protected against the risks associated with the unsafe use and management of medicines.

People we spoke with told us that staff dealt with their medication and that they were happy with these arrangements. People were confident that they received their medication as prescribed by their doctor. The registered manager told us that since our previous inspection they had carried out audits on medicines held and the associated records. Although these audits had identified occasions when medicines were not signed as administered they did not show what action had been taken to address the shortfall.

During our inspection we looked at the medicines held for six people and checked these against their Medication Administration Record (MAR) sheets. We found that further improvement was needed.

On one person's records we found a range of errors whereby it was evident that staff had failed to administer medicines in line with the instructions given by a doctor. For example one medicine required the administration of three tablets each evening. From the records seen and the actual amount of medicines that remained we could demonstrate that over a period of six days only one tablet was administered on three occasions. Therefore one person was administered the incorrect on three occasions. We found that the number of tablets held for two other medicines did not balance with the records held. The registered manager was unable to provide a reason for the incorrect administration and was not aware that these errors had taken place.

We saw on another person's records that a doctor had increased the dose of one of their medicines. This increase was administered for a period of four days. On commencing a new MAR sheet the increase had not been taken into account and the lower dose was given. As a result the person received the incorrect dose for a period of nineteen days until it was recorded that the increased dose was 'chased' up to reinstate the increased dose. The

registered manager agreed that over this period of time the incorrect dose lower had been given. There was no evidence of any impact on the person concerned as a result of the error

People who lived at the home either told us or indicated that they felt safe and free from abuse. People told us that they had no concerns about the way they were treated. One person told us, 'I speak as I find and I think people are safe living here' and 'I am fine here'. Another person confirmed that they felt safe and told us, 'I don't want for anything here. They [staff] really look after me well.' We observed people in the home and how they interacted with staff and other people who lived there.

Relatives told us that they felt their family member to be safe living at the home. One relative told us, '[name of person] is very happy there and wants to stay'. Another relative told us that they felt confident that their family member was in safe hands when they left and they had no worries about leaving the home. A further relative told us that they believed their family member to be safe saying, 'I'm happy with her been there'. Throughout our inspection we saw that people were comfortable and relaxed with staff.

We spoke with staff members about how they made sure people who lived at the home were provided with safe care and support. They told us that they had received training in recognising abuse and their responsibilities. Staff were able to describe to us what abuse was and what they would do if they were concerned about people's safety or the practice of another member of staff. One member of staff told us that safeguarding was, 'Preventing abuse and harm'. Staff told us that they would report any concerns to either the registered manager or the nurse on duty. One member of staff told us, 'Nobody deserves to be abused'. All the staff we spoke with confirmed that they had not witnessed anything at the home which caused them concern. We saw that information on safeguarding procedures was on display for staff to refer to if needed.

People confirmed that they had been involved in care planning and risk management. One person was able to describe to us how staff used the hoist with them and that the use of the equipment had been agreed with them. Another person confirmed that they needed assistance with repositioning while in bed and that the frequency of repositioning had been agreed with them. The person concerned was aware that this was important to prevent

Is the service safe?

them from getting sore skin and confirmed that the frequency agreed was kept to. We observed staff use a hoist in the lounge to assist people transfer from a chair. We saw staff carry out this care task in a safely and with regard for the person concerned.

People who lived at the home were happy with the number of staff on duty although some commented that staff were very busy at times. Staff told us that they were at times rushed and that some tasks were delayed as a result. One relative told us, 'They are sometimes short staffed but they [staff] all work well together.'

On the first day of our inspection people we saw that people were served their lunch in the lounge and not in the dining room. We spoke with people and they were not always given the opportunity to eat in the dining room. Staff confirmed that they did not always offer people this choice as at times they had insufficient time to take people into the dining room. We saw the dining room had recently been redecorated. We were informed that this work had limited the availability of the dining room for people who lived at the home. On the second day of our inspection we saw that people were given this choice and six people elected to have their lunch in the dining room.

The registered manager had looked at people's needs to help them assess the number of staff needed to support people. Agency staff were rarely used as permanent staff covered shifts where possible to cover holidays and sickness. One relative told us that staff, 'Respond as soon as they can.' A new call bell system was in place. People confirmed that staff answered promptly in the event of them needing assistance or support. One person told us, 'Staff come if I call for them including during the night'. We saw that handsets for to call for staff support were easily accessible to people.

We spoke with two members of staff who were recently appointed to work at the home. Both members of staff confirmed that a Disclosure and Barring Service (DBS) (formerly the Criminal Records Bureau) check had been carried out they started work. We saw evidence of these checks held on staff files. A DBS check ensures that people are not barred from working with vulnerable people. Having appropriate additional checks such as references in place further helps ensure that potential staff members are suitable to work with people who live at the home.

Is the service effective?

Our findings

We looked at how the provider was meeting the requirements of the Mental Capacity Act (2005) (MCA). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected if unable to give their consent.

We also looked at the Deprivation of Liberty Safeguards (DoLS). DoLS aims to make sure that people who live in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. At the time of our inspection the registered manager was in the process of making one application to the local authority. We found that the registered manager had attended training regarding DoLS and had an understanding when applications would need to be made. We asked staff about both MCA and DoLS. We found that they were aware of the need to obtain people's consent prior to the delivery of care and support.

People told us that they thought the staff knew them well and they were confident that staff were able to support them. One person told us, 'Staff always check out with me first [prior to using the hoist]. They [staff] tell me what they are doing.' Other people also told us that staff asked for their views and consent before they provided assistance. We saw examples of this such as staff who offered assistance with personal care and sought people's consent before they took or guided them to the bathroom.

Our inspection in June 2014 found that the provider did not have suitable arrangements in place to ensure people were cared for by staff that were sufficiently trained to deliver care safely and to an appropriate standard. During this inspection we found that improvements had taken place and that staff had received training. Staff were able to tell us about the training they had undertaken since our last inspection or since they started work at the home. Staff told

us that they found the training beneficial and that it assisted them to do their job effectively such as safe methods for moving people or in the recognition of abuse. Staff told us that the registered manager carried out observed practices regarding the care and support they provided to people.

People told us that they enjoyed the food at the home. One person told us, 'They [the staff] know that I don't like certain things [meals]. They [staff] do some lovely meals.' Another person told us that the food was, 'Good'. A relative told us that the food, 'Always looks appetizing and always a choice. I have seen staff make something else for people if they wanted it.' Another relative told us that they had found the meals to be, 'Perfect especially lunch time'. A further relative described the food from their observation as, 'Excellent'.

Staff knew who required assistance with eating and drinking and we saw that this was done at a pace suitable to the individual. People were offered hot and cold drinks throughout the day, cold drinks were readily available for people. We observed staff support and encourage people to drink. We spoke with the cook on duty and found that they had a good knowledge of people's like and dislikes as well as having a good understanding of special diets and how they were managed.

People we spoke with told us that they were able to see their doctor as needed and that visits were arranged in a timely manner. One person told us that they had their health care needs met and that staff dealt with everything for them. The same person confirmed that they had an eye sight test recently. One relative told us that staff monitored their family member's health care needs well and had knowledge about what to do if they were unwell as a result of their medical condition. Another relative told us, 'If they [staff] have a concern they will get the doctor' and that the request for a doctor to visit was, 'Always timely'.

Is the service caring?

Our findings

All the people we spoke with who lived at Norton Hall told us that they found the staff to be caring. One person told us that the staff, 'Are all very good. I am surprised just how good they are at their job'. Another person told us, 'I need people [staff] to help me and to be with me and they are' and 'It's very good here. They [staff] look after us well.' One relative told us, 'The way [name of person] is looked after is excellent' and 'Staff always seem to know what is going on.'

A healthcare professional told us that staff, 'Really do care for people'. The same professional had no concerns about the care and support provided for people at the home.

We spent time observing the care and support provided. The atmosphere at the home was relaxed, calm and caring. We saw numerous friendly conversations taking place involving people who used the service and staff. We heard staff speak with people in a caring and respectful manner and saw that people were given time to make choices and respond to staff. We saw people frequently respond to staff with laughter or a smile.

We saw cards from relatives of people who had lived at the home. These cards thanked and praised the staff for the care and attention they had provided to people during the time they had spent at Norton Hall.

We were told that the registered manager had recently introduced a named carer system and that it had worked well. This meant that people had an identified member of

staff who worked with them to ensure specific needs were met. Staff were involved in the planning of people's care as well as the actual delivery of their care. One relative told us that their family member's bedroom drawers were now kept a lot tidier since the introduction of the named carer system.

People told us that they had involvement in their care plans and that their views were included. The registered manager told us that they were currently reviewing care plans and working with people who lived at the home and their representatives. One relative confirmed that they were involved in a recent review of their family member's care plan with a social worker from the local authority and the registered manager.

People's privacy and dignity were respected. One person confirmed that staff knocked on bedroom doors before they entered. We saw staff knock on bedroom doors and wait for a reply throughout our inspection. People told us that staff spoke with them in a kind and respectful way. One visitor told us that all their relatives' needs were, 'Met in a respectful way.'

We observed that people were assisted in a discreet way. When staff used a hoist they ensured that people's dignity was not compromised for example a rug was used to cover people's legs and lower body when this equipment was used. Staff told us that they used signs on people's doors stating that personal care was being provided to prevent other people entering the room while care and support was in place.

Is the service responsive?

Our findings

People we spoke with told us about how their preferences were discussed with them and that staff knew them well as well as their likes and dislikes. One person told us, 'I read my newspaper every day and play cards on a Wednesday afternoon. I also do crosswords'. Another person told us that they enjoyed the discussions and doing puzzles.

People told us that they were able to participate in a range of activities such as cookery and flower arranging. We saw people involved in making bird food feeders. People told us that they liked the garden and that they were looking forward to the warmer weather so they could spend time outside relaxing.

We observed a member of staff engaging with people. People were invited to participate in a board game. The member of staff was heard explaining to people how the game was played and checked out that they wanted to be involved. We were told of plans to visit Worcester Cathedral following recent media coverage of the Magna Carta. We saw other staff spending time with people talking about things that were of interest to them. We saw one relative completing with their family member information about the person's life history. This was to supply staff with information about the individual's life before they moved into the home such as family members and their interests and hobbies.

People told us that they were able to have their religious needs met while living at the home. We saw people been offered the option to participate in the short service

conducted within the lounge. We saw that people were consulted regarding whether they wanted to take part in the service and partake of communion. This showed that the people were encouraged to participate and follow their faith.

People told us that they felt engaged in planning their care and that they felt listened to and understood. People we spoke with were confident that their care was individualised and that staff knew their likes and dislikes. Care plans were in place and were available to staff to provide them with guidance on how identified care needs were to be met. We spoke with the registered manager as well as a nurse, care workers and the cook and found that they were able to demonstrate their awareness of people's care and support needs. The registered manager told us that they were currently going over people's care plans with people who lived at the home and their relatives. One person who lived at the home told us about their care plan and added, 'I read mine the other day and it was fine.' One relative told us that they felt involved in the care plan and that the registered manager had gone over it with them.

Everyone we spoke with told us that they felt they could speak with staff members or management if they had any concerns or complaints. One person told us, 'If you talk to (name of manager) she will do something about it. Another person told us, 'I would tell them if I thought it was wrong but I have not needed to'. A further person told us, 'I have no complaints at all. I was lucky to get in here.' We saw that suitable action was taken to resolve complaints and comments received to ensure that they were investigated as needed and acted upon to prevent any reoccurrence.

Is the service well-led?

Our findings

Since our last inspection a change with the registration of the home had taken place. People told us that they were happy with the new arrangements and we saw people at ease with one of the new directors. One relative told us that they had seen improvement over the last six months. The registered manager told us that a lot of positive changes had happened under the current owners of the location. We saw improvements in the décor and new furniture was in place. We were informed of further improvements scheduled for the coming weeks.

Our inspection in June 2014 found that the provider did not have suitable arrangements in place to monitor the quality of the service provided to people who lived at the home. During this inspection we found that improvements had been made.

Audits in place include infection control, cleanliness and suitability of equipment. However, these need to be developed further so that the provider can be assured that arrangements are in place to ensure high quality care is provided. We found that when shortfalls were identified there was no clear evidence of the remedial actions taken to ensure that improvements in service delivery were made and sustained. We were told that a representative of the provider visited the home and had carried out audits on care plans. At the time of the inspection only one of these audits could be located. We were informed that others were not within the home. The audit we saw made some recommendations as to how the care plan could be improved. We checked the care plan and found that these amendments had taken place.

Our inspection in June 2014 found that the records completed by staff were either not in place or were incomplete. As a result we were unable to access whether people's health care needs had been met. During this inspection we found that care plans and risk assessments had improved however shortfalls in some areas remained. For example care workers had not recorded the application of creams and ointments onto the electronic care plans which we viewed. The registered manager assured us that this had been taken place but acknowledged that some staff had discontinued the practice. The registered manager brought our findings to the attention of staff on duty and instructed that the practice was to recommence with immediate effect. In addition we found that the

amounts of medication held to give to people for minor ailments were inaccurate and did not balance. The registered manager and the nurse on duty at the time of our inspection could not account for the discrepancies found. This meant that although we saw an overall improvement in the management of records further improvement was needed.

People we spoke with knew who the registered manager was and felt able to approach her if they needed to. People who lived at the home as well as relatives we spoke with were complimentary about the registered manager. One person told us, 'Good to me. From what I see she is very good.' One relative told us that the registered manager, 'Sorts things out for me.' Another relative told us that the registered manager, 'Works very hard and is friendly' and that they are, 'Very fair and good'.

We spoke with staff who told us that they found the registered manager to be supportive. Staff told us that they felt confident that they could raise matters of concern about other staff members practice if the need arose. One member of staff told us that they enjoyed their job and was supportive of the changes which had taken place.

The registered person was aware of the requirement to notify the Care Quality Commission of serious incidents and accidents that have happened at the home. We did not find any indication of incidents which we were not previously aware of. This showed that the registered manager understand their responsibility to report matters in an open and transparent way.

We previously found that staff meetings were not taking place. During this inspection the registered manager told us that meetings were in place. This was confirmed by staff members who we spoke with. We asked whether minutes were available. We were informed that the minutes had not been completed from the most recent meeting. We were informed that meetings had taken place involving people who used the service and their relatives. The notes from the most recent meeting were not available.

The registered manager had a good knowledge of accidents and events which had happened within the home. Individual care plans were able to identify patterns and care plans reflected these to reduce reoccurrence of similar accidents or incidents which involved the individual.