

County Care Homes Limited

Norwood House

Inspection report

Littlemoor Road
Middleton Moor
Saxmundham
Suffolk
IP17 3JZ

Tel: 01728668600

Website: www.countycarehomes.co.uk

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09 January 2020

14 January 2020

15 January 2020

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24 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Norwood House is a residential care home providing personal care to 45 people aged 65 and over at the time of the inspection. The service can support up to 71 people in one adapted building. The service was situated in a rural area of Middleton Moor on the periphery of the village of Saxmundham in Suffolk.

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

The provider's quality management systems were not effective. The provider and registered manager did not demonstrate they fully understood their responsibilities and accountability. Where the registered manager and provider were aware of failings effective action was not taken to address these. Staff provided positive feedback about the management style of the new manager and deputy manager.

People did not receive person-centred care because daily routines were task orientated. People's care needs were not always identified, recorded, and highlighted in care plans. Opportunities for people to pursue interests, hobbies and engage in social activities occupation and stimulation were limited.

Risk assessments were not always reviewed and updated regularly, which meant the service was not managing identified risks effectively. Advice from healthcare professionals regarding the management of risk was not always followed.

The staff culture was to complete the tasks they saw as relevant to their role, for example care staff carrying out personal care and not seeing it as part of their role to engage with people other than when providing personal care. Although there were sufficient staff to keep people safe we were concerned about their deployment to meet people's needs. Appropriate checks were carried out when recruiting staff to ensure they were suitable to work in the service.

Individual interactions we observed between people and staff were kind and caring. However, due to the lack of sustained improvement over a three and a year period we were not reassured the provider and staff were sufficiently caring in their overall provision of care.

People were not supported to have maximum choice and control of their lives and staff supported did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's capacity to make decisions was not always appropriately assessed. Where decisions were taken these were not always taken with the appropriate legal authority.

There was a system for dealing with complaints and concerns. The registered manager gave us an example of a complaint which had been dealt with in line with the policy.

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of the service, the management of risk and the quality of people's social engagement at this inspection

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Inadequate ●

Norwood House

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Norwood House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection's visits on 9 and 14 January 2020 were unannounced. We made an appointment to meet with the provider and Registered Manager to provide feedback on 15 January 2020.

What we did before inspection

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

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We also spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers, activities lead and the chef. We observed care and support being provided in communal areas. We spoke with a visiting healthcare professional

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. 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. We looked at training data and quality assurance records. We received feedback from a healthcare professional.

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. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to adequately manage risk with regard to how people could call staff from their bed room and the use of stairs by people living in the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had addressed these concerns, but we found further concerns with the management of risk.

- Risks to people had been assessed using recognised risk assessment tools such as the Malnutrition Universal Screening Tool (MUST) to identify people who were at risk of malnutrition and Waterlow to assess people's risk of developing pressure ulcers. However, these were not being updated in a timely manner. Two people who had a history of weight loss had not had their MUST assessment updated since October 2019. This meant that the service was not managing the risk of malnutrition.
- Other assessments which had identified people were at risk had not been updated. For example, one person had been identified as at high risk of dehydration. Their risk assessment had not been updated since October 2019. Their care plan for nutrition completed in October 2019 and reviewed in November 2019 identified they were at high risk of weight loss and stated a food and fluid chart is in place. Staff told us that this person had not been on a food and fluid chart, "For some time." We asked the registered manager for a copy of the charts and they confirmed these were not being completed. The risk to this person of malnutrition and dehydration were not being regularly assessed or mitigated.
- The registered manager told us that people had been weighed since October 2019 and this was recorded. However, this recording was kept separate from people's care plans. The weight was not transferred to the other risk assessments being used by the service to manage risk. There was no monitoring to ascertain if people had lost or gained weight.
- Where advice had been received from healthcare professionals regarding the management of risk this was not always followed. For one person, healthcare professionals had made five recommendations regarding the management of risks associated with eating and drinking. The advice given by the healthcare professional had not been incorporated into the person's care plan.
- One of the recommendations was that the person should be upright when eating. Daily records for this person did not demonstrate that staff were supporting this person with correct positioning prior to offering food and fluid. One member of staff had recorded, 'Repositioned [person] on his left side. Assisted [person] to have a drink'.
- This person also had a care plan entitled Continence/Elimination. This care plan described the type of continence aids the person used but did not contain any information on monitoring their bowel movements. We checked the chart and found there was a period of eight days and another of 12 days when

the person had gone without a bowel movement. Constipation and faecal impaction can present a serious risk to people's wellbeing.

The examples above demonstrate a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each person had an individual risk assessment relating to their use of stairs.
- The service had a call bell system. Where people were unable to use their call bell staff recorded that the person was checked regularly.

Staffing and recruitment

At our last inspection the provider had failed to carry out robust pre-employment checks. This was a breach of regulation 19 (Fit and Proper Persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- New staff were recruited safely. Staff files showed that all appropriate checks had been made before staff commenced employment. These included checks with the Disclosure and Barring Service. References were obtained, and employment histories verified.
- People told us that they thought there were sufficient staff to keep them safe. One person said, "They are pretty good actually. They take about 15 minutes (to respond)." A relative said, "Staff levels vary a lot, weekends and holidays. Sometimes one thinks staff are thin on the ground, but I've always thought it was adequate."
- Care staff spoken with had widely differing views on whether there were sufficient staff. One member of care staff told us that recently staffing levels had been the best since they had worked at the service. However, another member of care staff told us they, "Could not physically get to people on time when they need care."
- We discussed the staffing levels with the registered manager and the provider. They explained that there had been historic issues with staff which they were addressing. This had caused tensions in the staff team. Recently some staff had called in sick at very short notice and this had caused problems. However, they had never gone below their assessed staffing level.
- The service was actively recruiting new care staff. Interviews were taking place during our inspection visits.
- During our visits we observed staff to be visible in the service.

Using medicines safely

- Medicines continued to be stored and managed safely.
- People told us they received their medicines as prescribed. One person told us, "We have had our medication this morning, they [staff] come around with it." A relative told us that when the staff provide medicines, "They go around to each resident. They are gentle and persuasive."
- Staff responsible for supporting people had received training in medicines management and their competency had been regularly checked.
- There were protocols in place for medicines prescribed to be given when required (PRN). However, these did not contain sufficient detail to ensure this type of medicines was given consistently.
- Where people had been assessed as needing their medicines given covertly this had been correctly authorised. However, the guidance for one person stated that they did not require their medicines to be administered covertly at all times and should be administered covertly after trying normal administration methods on more than one occasion. The guidance did not contain sufficient detail for staff to use covert

administration consistently.

Preventing and controlling infection

- Infection control procedures were in place along with staff training. Hand washing facilities were available in all areas where personal care was provided. Personal protective equipment (PPE) such as, gloves and aprons were kept safe yet accessible. We saw good hygiene standards have been maintained throughout.
- The service achieved a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who regulate food safety and food hygiene.

Learning lessons when things go wrong

- The registered manager told us they monitored all accidents and incidents to identify and themes and trends. They gave us an example of where they had identified increased falls in a particular area of the service. They had received support from the local GP to look at possible reasons for this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service. One person said, "I'm very well looked after here and I'm quite happy, I feel quite safe."
- Staff were aware of the safeguarding and whistleblowing procedures.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisation to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had been assessed as not being able to make a decision regarding their care and support this was not always made according to legal requirements. For example, one person had been assessed as not having capacity to make decisions. However, their care plan entitled 'Security and Access to Room' stated '[Person] would like his door to be locked whilst he is out of his room. [Person] would like his room to be alarmed whilst he is in it. ...' The person had a Power of Attorney but there was no record they had been consulted about this decision.
- Another person had a Power of Attorney relevant to finances. However, this Power of Attorney had signed the care plan consenting to the person receiving care.
- Another person received their medicines covertly. This had been carried out in consultation with the GP. The form authorising this had been signed by the GP and referred to the person's lack of capacity. However, there was no assessment of the person's capacity which demonstrated whether they had the capacity to make a decision regarding their medicines.
- At our previous inspection we had concerns that the service routinely locked people's bedroom doors without obtaining the appropriate consent. At this inspection we found that in most cases the service had gained appropriate consent for this practise. Some people had decided not to have their doors locked and others now had keys to their bed room. One person said, "I have a key, sometimes I lock it sometimes I don't". A relative said, ""For me, the fact that his room is locked is a positive. I don't want people to be able to get in his room and take his things."
- People were offered choice in their day to day lives. A relative told us, "He is nicely shaved today, but he has gone four days when he didn't want one, I think that is wonderful".

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

- Risks to people associated with poor hydration and nutrition were not always effectively managed. One person's care plan recorded in August 2019 that their nutritional intake should be increased and monitored, and the person should be weighed weekly due to weight loss. On our inspection we found the person had not been weighed since October 2019. This meant any weight loss would not have been noticed.
- For people who required a modified diet their care plans did not explain what this looked like. For example, one person's care plan said, 'Food to be prepared in line with IDDSI level 5 requirements,' but did not explain what this texture was.
- People told us the food was good. One person said, "The food is very nice; you get a good choice and a good variety of different things."
- We observed the lunch time meal. We found that people were shown plated meals to support them with making a choice. Staff supported people appropriately, sitting next to them and providing support at a reasonable speed.
- Where people required specialist equipment such as plate guards to support their independence this was provided.
- We observed some people get up and move away from the table. Staff gave encouragement for them to return to their meal. This was to some extent limited by the support staff had to provide to others. Where a person did not want to sit at the table to eat we saw that they were provided their meal in a small bowl which they ate whilst walking.

Staff support: induction, training, skills and experience

- People told us they thought staff had the skills to support them. A relative told us, "Staff seem to know what they are doing."
- Staff told us they felt that since the new registered manager started they had brought about change and things had improved. One member of care staff said, "Things much better than have been. Massive difference in their [registered manager] management style. I find them much more part of the team than previous."
- Staff gave us mixed feedback on the quality of the training. Those with concerns cited the fact that the majority of training was on line and they would like more face to face. Other staff felt they needed more training in dementia care.
- Staff received an induction into the service when they started. This consisted of one week training, one week purely shadowing and a third week working with a mentor.

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

- The registered manager carried out an assessment of people's needs before they moved into the service. This was to ensure the service was able to meet the person's needs.
- The assessment included people's physical, mental and social needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that if they required support from healthcare professionals this was requested. A relative told us, "There was a concern on Monday, and they were on it straight away, the doctor was called in that morning."
- Feedback from other healthcare professional was mostly positive with one saying, "Staff come with us when we see people and take on board what we say." One outside healthcare agency raised some concerns but also stated that they were working with the registered manager to improve these and said, "There has definitely been an improvement in recent weeks and we are planning to meet again in six weeks."

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

- Our previous inspection found that some areas of maintenance and decoration in the service needed improving.
- At this inspection we found that improvements had been made. The dining room had been re-decorated, and the flooring changed.
- The provider had recognised that further improvement was still required and had employed a second maintenance person to carry this out.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Whilst we observed that staff and the management team were kind to people, the lack of sustained improvement since the last inspection meant we were not reassured the provider and staff were sufficiently caring. The service has failed to maintain regulatory compliance over a period of three and a half years, which meant people had been receiving inconsistent or poor care for an extended period of time.
- Staff did not always see it as an integral part of their role to engage with people other than when providing care and support. This meant that people spent time not engaged with their environment and surroundings.
- People's care plans did not contain information about their personal history or background which would have supported staff to engage them in conversation or recognise the reason behind some behaviours. The registered manager told us that this was being carried out by the new activities lead. However, this was at its very early stages and was not seen as a priority with the notes made by the activities lead not able to be found until after our inspection.
- Despite our concerns, all the people and relatives we spoke with told us that staff were kind and caring towards them. One person said, "People come and go, mealtimes and so forth, they come and check me over. Staff are very friendly, I don't see a lot of them, but that's because I choose to stay in my room."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager told us that they involved people in their care planning and review as much as possible. They told us that people's relatives were contacted monthly when the person was Resident of the Day. However, we found variations in the amount of involvement in care planning. For one person who did not have capacity the Resident of the Day form had the section recording contact with family blank since June 2019. Another part of the care plan recorded contact with the person's Power of Attorney in September 2019 but only recorded that they are happy with the care being provided not any involvement in reviewing the care being provided. Another person told us, "I would assume I have a care plan, but I haven't been involved in it". Whereas, a relative said, "He has got a care plan, I know it was amended at the end of the summer, I was asked to go through it with them". We concluded that people's involvement in their care planning and review was inconsistent.
- The registered manager told us that residents and relative's meetings were held monthly but that attendance at these meetings was poor. They had explored holding them at different times of the day and on different days, but this had not improved attendance. They told us that they circulated a newsletter to relatives by e mail.

Respecting and promoting people's privacy, dignity and independence

- We observed some people were well dressed in clean clothes and tidy hair. However, we observed other people with stained clothing and greasy hair. We observed one person continually walking around the service with no shoes on. We did not see any care staff stop and speak with them about this.
- Interactions between people and staff although task focused, were positive with staff treating people with respect. They bent down to an appropriate level when talking to people, there was physical touching, hand holding, and arms around shoulders providing support and reassurance.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The opportunities for people to pursue interests, hobbies and engage in social activities occupation and stimulation were very limited. One person told us, "It's quiet. I'd like to get out for a walk a bit more. The only time I get out of this room is for meals. All they have in the lounge is a TV, and I've got one of those here. What activities? Fresh air is what I like, getting out and about. Staff don't pop in for a chat, sometimes they come and ask if I want a cup of tea. I'm sick of these four walls". Another person said, "I watch television all day, I never do any activities, I'm not really interested in what they do."
- For a person who received care and support in their bed room care records showed that the only social interaction they had was when staff were providing personal care. This person's care plan recorded, '[Person] is a social gentleman who enjoys the company of others.'
- Staff we spoke with did not see it as part of their role to engage with people other than when providing personal care. The activities co-ordinator provided activities in communal areas but did not support people who remained in their bed rooms. They were unaware of one person who remained in their bed room.
- At approximately 9.30am we noticed that one person was sitting in the dining room with a clothes protector on. We observed the person stayed at the table, asleep with the clothes protector on until 12.14pm when lunch was served. Staff did not engage with this person or support them to move to a more comfortable position.
- Care plans did not contain details of people's background or life history. The recording of this information enables staff to have a starting point for conversations and assists them to provide care and support according to people's preferences. For people living with dementia it also provides staff with information as to their interests and hobbies.
- Care plans did not always contain up to date information on people's preferred routines and preferences. For example, the care plan for one person who was cared for in bed stated, '[Person] likes to have his meals at the usual times and likes to eat in the communal dining room.' The care plan did not reflect the current situation with guidance for staff on the person's current care needs.
- On the first day of our inspection there was a board in the communal area listing the day's activities as flower arranging, maraca making and pastry making. We observed during the day that only one person was supported with each activity. This did not provide social engagement to the majority people living in the service.

The examples above demonstrate a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us, and people confirmed that various entertainers visited the service.
- The registered manager also told us that they were recruiting for another activities co-ordinator.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information regarding people's communication needs such as whether they wore glasses or hearing aids.

Improving care quality in response to complaints or concerns

- The service complaints procedure was displayed in the service.
- The registered manager told us they maintained a complaints matrix and gave us an example of how they had dealt with a recent complaint.

End of life care and support

- Information in care plans regarding people's end of life care was brief.
- The registered manager told us that they tried talk about this when a person was admitted. They were aware there was more that could be done, and they had discussed this with the local GP. They told us that they were planning to make improvements later in the year.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service has failed to comply with regulations and fundamental standards over a period of three and a half years. Since June 2016, five inspections have been carried out, and the service has not been found to be compliant with all regulations and fundamental standards at any of these inspections.
- Staff did not work across the organisation to provide care and support centred on the person. Care staff very much saw their role in isolation. Staff did not see it as their role to support the whole person but to carry out individual tasks. For example, care staff provided personal care and dining room assistants supported in the dining room. We observed one person left sitting in the dining room from breakfast to lunch. A member of care staff told us, "There is not a team here."
- The registered manager was aware of this and told us that job descriptions required staff to work across the service. They told us what they had done to encourage staff to be involved in a more holistic way but following this not working nothing further had been put in place to address this task led/focused culture.
- A number of audits were carried out by the registered manager, but these were not always effective in ensuring the quality of service delivered. For example, we found that one person's care plan had not been audited since October 2019 despite us being told that care plans were audited monthly.
- Where care plans had been audited the audit had not been effective in identifying the issues we found during the inspection regarding the information contained in care plans.
- The poor monitoring in care plans meant that where people's condition had changed resulting in changed risks to them when receiving care and support these had not been addressed. For example, for one person who was receiving care and support in bed their risk assessments had not been updated to reflect this and still contained a bathing risk assessment and a moving and handling risk assessment which referred to a tilt chair which staff told us had been removed.
- Communication within the staff team was not always effective. Staff raised with us concerns regarding a person who no longer had a bath and why they had not been supplied with the sling they believed the needed. The registered manager told us they had addressed staff concerns and had fed back reasons for decisions. However, staff were still raising concerns with us.
- The manager told us they were supported by the provider who visited the service regularly and they were able to discuss any concerns. However, issues identified by us had not been effectively addressed.'

Failure to effectively monitor quality and risk demonstrate a breach of Regulation 17 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff feedback regarding the new Registered Manager and deputy manager was that they were trying to make a difference and improve the service. One member of care staff told us, "Changed for the good. Had some rough periods. Since new manager things have improved a lot."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour rules. A relative said, "They rang me Tuesday to say he had had a fall. He was trying to go to the toilet on his own."

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

- The service held meetings with care staff and team leaders where any issues of concern and issues in the service were discussed. However, no meeting had been held since October 2019 as only two staff turned up for the November 2019 meeting and agreed to cancel it.
- Meetings were also held for residents and relatives. The registered manager told us that feedback from these was minimal as attendance was very low.

Continuous learning and improving care; Working in partnership with others

- The registered manager was working with the registered manager of another of the provider's services which was rated more highly to improve Norwood House.
- The deputy manager had attended a specialist dementia conference to improve their understanding of dementia care.
- The local authority had provided training to the service in record keeping and moving and handling.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk to people from receiving care and support were not appropriately mitigated or managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality of the service was not effectively monitored. Where shortfalls were identified actions to address these were not always effective.