

Normanton Limited

Normanton Lodge

Inspection report

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Tel: 01243821763

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 31 October 2017. The last inspection took place on 14 and 15 September 2015. The service was meeting the requirements of the regulations at that time. The service was rated Good. At this inspection the service remained Good.

Normanton Lodge is a care home which offers care and support for up to 26 predominantly older people. At the time of this inspection there were 20 people living at the service. Some of these people were living with dementia. Accommodation was on two floors with a lift for people to use when accessing the upper floor.

Comments from people, relatives and healthcare professionals included, "You could not wish for a better place," "I think they (staff) are all absolutely amazing," "They (staff) are just wonderful, like a big family, so caring and very thoughtful," "It's not home but it is the next best thing," "We have no concerns at all about this place. It is one of the best in the area" and "This is one of the homes that we would consider using for our relatives, and we don't say that about a lot of services in this area."

We walked around the service which was comfortable and appeared clear. Bedrooms were personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

Systems for the management and administration of medicines were safe. It was clear that people had received their medicine as prescribed. Regular medicines audits were consistently identifying if errors occurred.

Staff were supported by a system of induction training, supervision and appraisals. People were supported by staff who knew how to recognise abuse and how to respond to concerns. Staff received training relevant for their role and there were good opportunities for on-going training and support and development. More specialised training specific to the needs of people using the service was being provided such as dementia care. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. People, and where appropriate relatives, were included in the reviews.

People had access to a wide range of meaningful activities. An activity co-ordinator was in post who arranged regular events for people. These included regular singing and quizzes, also events for firework night and Christmas were planned. People were provided the opportunity to take part in domestic tasks if they wished. One to one activity was provided for people who were being cared for in their bedrooms.

The premises were adequately maintained. The service had some pictorial signage to meet the needs of people living with dementia.

There was effective communication throughout the staff. The staff were happy working for the service and told us they were well supported. The registered manager was supported by a deputy manager, senior care staff and a team of motivated carers, catering and domestic staff. The provider visited regularly to provide support for the registered manager and audit the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remained effective

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Normanton Lodge

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 checked 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.

The inspection took place on 31 October 2017. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the service. Not everyone we met who was living at Normanton Lodge was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with four staff, the registered manager and the deputy manager. We spoke with three visitors and two visiting healthcare professionals.

We looked at care documentation for three people living at the service, medicines records for 20 people, four staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with members of a family of a person who lived at the service and one health care professional.

Is the service safe?

Our findings

People and their families told us they felt it was safe at Normanton Lodge. Comments included, "I am ok here," "This place ticks all the boxes, it is very good. We didn't look any further once we came here" and "I come every day, for the last two years, and I have never been anything other than delighted with what I see."

Safeguarding information was displayed in the service, providing contact details for people and their families to use to raise any concerns they may have. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures which were held at the service. Staff had received recent training updates on safeguarding adults and were provided with annual updates to refresh their knowledge. If people were involved in safeguarding enquires or investigations they were offered an advocate if appropriate or required. Any concerns raised were fully investigated and reported as appropriate to the local safeguarding unit for external investigation. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity. The registered manager was planning to provide staff with specific training on equality and diversity. This would help ensure that staff were aware of how to protect people from any type of discrimination. Staff were aware of how to ensure people's rights were protected.

The service held the personal money for people who lived at the service. People were able to easily access this money for hairdressing, toiletries and items they may wish to purchase. The money was managed by the registered manager and deputy manager. We checked the money held for three people against the records kept at the service and both tallied.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed the actions taken to help reduce risk in the future. For example, people were referred to the falls team for advice and walking aids.

The service held medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and ensured people always received their medicines safely. Some people had been prescribed creams and these had not always been dated upon opening. This meant staff were not always aware of the expiration of the item when the cream would no longer be safe to use. The registered manager assured us this would be immediately addressed. The service was holding medicines that required stricter controls. We checked the stock held at the service against the records kept and all tallied. Some people required medicines to be given as necessary or occasionally (PRN). There were clear records to show when such medicine might be indicated and when it was administered.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored.

The service had robust ordering, storage and disposal arrangements for medicines. Regular internal and external audits helped ensure the medicines management was safe and effective.

Staff training records showed all staff who supported people with medicines had received appropriate training. The service received external safety alerts and information was made available to staff. Staff were aware of the need to report any incidents, errors or concerns and felt that they would be listened to and action would be taken.

Risks were identified, assessed and reviewed regularly to take account of any changes in people's needs. Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, one care plan had stated, "Bed rails to be kept down due to the risk of entrapment." However, this person's needs had increased recently and they were now being cared for in bed all the time requiring re-positioning by staff. The risk to them becoming caught up in the bed rails had been reviewed as they had become more sedentary and it had been decided it was now safe to use bed rails as they were at risk of rolling out of the bed. This demonstrated how risks were regularly reviewed to take account of changes in people's needs.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one care plan stated that the person was missing their dog, who was now living with a family member. Staff were guided to listen carefully to the person's concerns and give reassurance. Another care plan stated that one person found the cat, who lived at the service, calmed them along with carrying out household tasks with staff.

Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were securely stored but accessible to staff and visiting professionals when required. However, there was some historical information held in some care plans which could be confusing for staff when looking for the current needs of the person. The registered manager assured us this would be removed.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them. The service worked closely with the local GP practice to help reduce unnecessary admissions to hospital where possible.

We looked around the building and found the environment was clean and there were no unpleasant odours. Hand gel dispensers were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks.

Equipment used in the service such as moving and handling equipment, wheelchairs, stand aids etc., were regularly checked and serviced by professionals to ensure they were always safe to use. The premises were regularly audited to ensure it was safe for people to live in.

Necessary safety checks and tests had been completed by appropriately skilled contractors. All firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service. Each person had information held at the service which

identified the action to be taken for each person in the event of an emergency evacuation of the premises

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service was fully staffed at the time of this inspection and were not using any agency staff. Any short notice absence was covered by existing staff. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were four care staff in the morning and three in the afternoon supported by a senior on each shift. There were two staff who worked at night. Staff were happy working at Normanton Lodge and felt they were a good team.

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Is the service effective?

Our findings

People's need and choices were assessed prior to moving in to the service. This helped ensure people's needs and expectations could be met by the service. This initial assessment was used as a basis for the person's care plan which was added to as the service got to know the person.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The induction programme for new staff covered fire procedures, safeguarding, infection prevention and control, moving and handling, medicines and record keeping. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

The service held an appropriate policy regarding equality and diversity. The registered manager assured us that staff were due to be provided with training in this legislation. This meant people would be protected from the risks of discrimination. Staff were aware of how to ensure people's rights were protected.

Training records showed staff were provided with the mandatory training such as moving and handling, infection control and safeguarding adults, with annual updates to refresh their knowledge. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia, diabetes and end of life care. Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "We get plenty of training. I asked to do a wound management course around tissue viability and I am doing it in December." Most training was delivered to staff face to face with very little electronic training used. Staff enjoyed the training they received and wanted to provide a good service for people.

Comments included, "You could not wish for a better place," and "(person's name) was not eating so well at tea time so we got together and worked out what we might try to tempt them with. We have tried macaroni cheese and it is working." Staff regularly monitored people's food and drink intake to ensure people received sufficient each day. Staff regularly consulted with people on what type of food they preferred and ensured food was available to meet people's diverse needs and choices. We observed the lunch time period in the dining room. The food looked appetising. People told us they enjoyed the food.

We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting people in order to identify their dietary requirements and preferences. We saw the chef served people their afternoon cakes at tea time and had a chat with people. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and drink charts were kept when this had been deemed necessary for people's well-being. For example, one person was at the end of their life and taking in very little. Staff recorded all of their intake so that visiting healthcare professionals and family could see what they were drinking and eating. People had their weight regularly recorded. Any changes were monitored and guidance was sought from healthcare professionals. Some people were receiving supplements to their food to increase their calorie intake. Some people had been assessed as needing a soft or pureed diet. Pureed meals were presented well with each food item separated from each other, so that people knew what they were eating. Staff were available to support people with their meals if needed.

Technology was used to support the effective delivery of care and support. For example, pressure floor and chair mats which alarmed to alert staff when a person was up and about in their room.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Staff and management had a close working relationship with external healthcare professionals such as GP's, district nurses and admission avoidance team staff. They ensured that people were able to access healthcare professionals whenever needed. Care plans contained details of multi professionals visits and records of care and guidance provided. Comments from healthcare professionals included, "We have no concerns at all about this place. It is one of the best in the area" and "This is one of the homes that we would consider using for our relatives, and we don't say that about a lot of services in this area."

The service had some pictorial signage to help people who needed orientation to their immediate environment. For example, toilets and bathrooms were clearly marked to encourage independent use. There was a secure outside space which people used in good weather. One person needed additional support to find their room so a sign was placed in the corridor of their room to point the way. This showed the staff provided support to people in a personalised way.

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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had their capacity assessed appropriately. The service knew who had appointed lasting powers of attorney for either finances or health and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. A best interest meeting was being held at the service on the day of this inspection visit to help make a decision about a person's care with their lasting power of attorney. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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. The application procedures for this in care homes and hospitals are 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 authorisations to deprive a person of their liberty were being met. Normanton Lodge management had applied appropriately for some people to have a DoLS authorisation. Three authorisations were in place at the time of this inspection. There were no conditions attached to any of these authorisations. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Staff had been provided with training on this legislation and were clear about protecting people's rights. Staff respected people's choices and wishes. One person did not wish to have their name on their bedroom door. This was respected and the door did not have any identifying signs on it.

Is the service caring?

Our findings

We saw many positive interactions between staff and people who lived at Normanton Lodge. One person was upset and confused, they were crying in the corridor. We saw staff approach this person and stand with them talking gently until they were ready to move to where they wished to go. Staff knew people well and knew what would cheer them up. Staff had time to talk with people and were not rushed.

People said they were treated with compassion. People told us, "I think they (staff) are all absolutely amazing" and "They (staff) are just wonderful, like a big family, so caring and very thoughtful." Relatives told us, "I am very happy with the care here, staff are wonderful," and "Whenever I visit they are always plenty of staff." Visiting healthcare professionals told us, "Staff at Normanton are really caring, they really look after people well" and "I would have my mum live here, no doubts at all."

Staff commented, "I love it here," "I do lots of training, I love providing end of life care, I have also done my medicines training. We are a good team here we don't have much sick leave and we are very person centred" and "Everyone is different so we do things differently for each person."

Staff respected people's privacy. They knocked and waited for a response before entering people's rooms. People's bedroom doors were closed when they were present, if they wished to have privacy. Staff apologised for disturbing people if they had visitors when staff arrived.

Staff told us about one person who had a favourite chair when they spent time in the lounge area. When they became unwell and unable to spend time in the lounge staff took their favourite chair up to their bedroom so that they could still enjoy spending time sitting in it. This showed that staff were person centred and were thoughtful of what people wanted.

People were included in decisions about their care where they were able to make their own decisions. Where people could not take part in such discussions, family were involved where possible. Care plans ensured that information was held if people had a preference of the gender of their carers.

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection most people were comfortable in their surroundings with no signs of agitation or stress. If a person became upset staff were available to sit and talk with them. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

Staff were seen providing care in an un rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People's bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things which were particularly important to them and to have things around them which were reminiscent of their past.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for.

People and their families were involved in decisions about the running of the service as well as their care. People and their families were invited to attend regular meetings with the registered manager. Issues discussed involved food, activities and plans for the future. This meant the service sought the views and experiences of people and their families of the service provided. People had asked for pizza and more fish and this had been added to the meal options. Some people had asked for hot dogs and these were planned for Bonfire Night fireworks in the garden. Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

Is the service responsive?

Our findings

People, relatives and healthcare professionals were very positive about the care and support provided at Normanton lodge. Comments included, "I would not want to be anywhere else," "I like to get myself up in the morning, staff give me time and don't rush me. I have my own routines." People were involved in their own care and asked for their preferences and wishes. Healthcare professionals told us, "We have no concerns at all about the care provided here, the staff are very good at seeking advice when needed, they take our advice and guidance" and "This is a very good home."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. This assessment was the basis for the full care plan which was created in the first few weeks of being at the service. The registered manager, deputy manager and staff were all knowledgeable about people's needs.

Each person had a care plan that was tailored to meet their individual needs. Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. People, and where appropriate family members, were given the opportunity to sign in agreement with the content of care plans.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. For example, staff checked people's skin for marks which might indicate the beginnings of pressure damage. The checks were recorded and audited regularly so any deterioration in skin in their skin condition would be highlighted and the appropriate action could be taken.

Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors. The records were positioned discreetly in order to protect people's privacy and confidential information.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. This was provided and staff had monitored this equipment to ensure it was set according to people's individual needs.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. Staff were provided with an early warning tool, Stop and Watch. This provided staff with a checklist to follow if they felt a person's needs had changed. This meant any changes in a person's condition would

be noticed and acted upon in a timely manner. Staff had also been taught how to test a person's urine and do basic observation checks so that they could report a person's condition to the GP in an efficient manner.

The service provided end of life care. Supported by the district nurses and GP's the service prided itself on providing good care and support to people at the end of their life. Family members were given the opportunity to stay at the care home with their family members overnight if they wished. Visiting healthcare professionals confirmed the service provided excellent care at this important time. People had complimented the service on their care. Cards we saw contained comments such as, "I would like to express my personal gratitude for all you did for my lovely Mum during her stay with you" and "It was made so much easier knowing mum was so well cared for."

There was a staff handover meeting at each shift change. We observed an afternoon handover meeting which was built into the staff rota to ensure there was sufficient time to exchange any information. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. A handover record was completed to enable staff to refer to this information later in the shift if necessary. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time

People had access to a range of activities both within the service and outside. An activities co-ordinator was employed during the week and organised a programme of events including entertainers, dog shows, movies, exercises, fireworks party and a Christmas pantomime. When they were not present they left organised activities for the care staff to provide over the weekend. On the day of the inspection the lounge was busy with activity. Some people enjoyed group activities such as ball games, singing and a quiz, others were provided with one to one activities. The service had recently purchased equipment which allowed people to watch tv shows, which had been originally shown when they were unable to watch, at a time that suited them. The activity co-ordinator was able to show old film footage of entertainers and singers along with the words to the songs they were singing. This helped people to sing along and reminisce. There was much discussion in the lounge about the local area, recent changes that had taken place and well known business people who were in the recent local news. People told us, "I love to sing, it makes me happy" and "This is not home but it is the next best thing."

A regular newsletter was produced at Normanton Lodge to keep families and visitors informed what was going on at the service. The minutes of the recent residents meeting was also displayed for people to read.

People's photographs taken when they were enjoying various past activities were displayed around the service along with a 'family tree' showing each person who lived at the service and details of where they had come from. The activity co-ordinator recorded each person's response to various activities so that popular events could be repeated.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. Activities were provided for people on a one to one basis in their rooms.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were provided to people. People told us they had not had any reason to complain. The registered manager told us they had not received any complaints recently.

Is the service well-led?

Our findings

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager in post.

People, relatives, visiting healthcare professionals and staff told us the registered manager was approachable and friendly. Staff told us they enjoyed working at the service. Some staff had worked for the service for many years. Comments included, "They (management) are very good, really responsive and open to ideas" and "They are always available to listen and get things done."

There was a clear vision and strategy to deliver high quality care and support. The registered manager was visible and available to support staff, people and their families. There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager. The provider visited regularly to support the registered manager and audit the service. The registered manager attended regular meetings with other providers and healthcare professionals to share good practice and help reduce unplanned journeys to hospitals.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The registered manager worked in the service regularly providing care and supporting staff this meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. Effective communication was supported through message books and diaries which staff completed at each shift. This helped ensure information was passed effectively between shifts.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, accidents and incidents, and medicines. Lessons were learned by events and the service was constantly striving to improve the service it provided. For example, in recruitment of new staff and the response to any errors.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

The registered manager was clear on the new key lines of enquiry to be used by CQC after the 1 November 2017 and audited the service provided at Normanton Lodge against them. They were regularly checking to ensure the service met the requirements of the regulations.

There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Any defects were reported in a book and addressed in a timely manner. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The environment was clean and adequately maintained. People's bedrooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use