

# Comfy Care Homes Limited

# Norwood House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Norwood House is a care home providing personal care to nine older people at the time of the inspection, some of whom were living with dementia. The service can support up to 20 people in one adapted building.

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

Effective systems were now in place to monitor the quality and safety of the service. People had been asked for their views on the service and improvements had been made following any suggestions they made.

Risks to people were well managed. Risk assessments contained sufficient information to enable staff to safely manage risks. Regular checks were completed to ensure equipment remained safe to use. Improvements had been made to the management of medicines and people felt safe living at the service.

Good infection prevention and control practices were in place, which had been adapted well to respond to the increased risks posed by COVID-19.

Staff ensured people were provided with a balanced diet. Any concerns in relation to people's food and fluid intake were appropriately recorded and monitored. Relevant professionals had been contacted when this was required.

Improvements had been made to training provided to staff and records relating to staff support. Regular one to one supervisions, discussions and staff meetings had taken place. A training manager was now employed, and thorough training plans were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 28 January 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve their quality assurance and governance processes.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norwood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 conducted by one inspector.

#### 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 CQC. This means 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 was announced. We gave a short notice period of the inspection to allow us to discuss the safety of people, staff and inspectors with reference to COVID-19.

#### What we did before the inspection

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

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the provider who is also the registered manager, assistant manager, governance manager and a care worker.

We reviewed a range of records in relation to people and the support they received. We also looked at four staff's recruitment, supervision and training records as well as records relating to the management of the service including servicing of equipment and monitoring of accidents and incidents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested some information to be submitted electronically. This included risk assessments for two people who used the service, audits used to monitor the service and staff rotas.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to establish and operate effective systems to monitor and improve the service, and to keep complete, accurate, contemporaneous records. This was a breach of regulation 17 (Good governance) 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 17.

- Risks to people were well managed. Risk assessments contained sufficient information to enable staff to safely manage risks. They had been updated when any changes occurred.
- Regular checks had been completed to ensure any equipment used was safe. Action had been taken when concerns had been found.
- Accidents and incidents were appropriately recorded. However, there was not a proactive approach to analysing data to look for trends. The registered manager had already recognised this and was implementing a new system to address this.

Using medicines safely

At our last inspection we recommended the provider considers best practice guidance on the safe management of medicines and updates their practice accordingly. At this inspection, the provider had made improvements.

- Medicines were now stored, recorded and administered safely.
- Where people were prescribed 'as and when required medicine', appropriate protocols were now in place to guide staff on when to administer.
- Staff completed regular medicines training and had their competencies assessed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm.
- Appropriate referrals had been made to the local authority safeguarding team when any concerns were raised.
- Staff had good a good understanding of safeguarding, although not all had up to date training in this area. The registered manager explained there had been a delay sourcing training due to COVID-19, but plans were

now in pace for training in all areas to be completed by end of October 2020.

#### Staffing and recruitment

- Safe recruitment processes were in place and followed. This ensured suitable staff were employed.
- A safe number of staff were on duty. Staff were visible throughout the inspection and responded to people's needs in a timely manner.
- Staff told us there was enough staff on duty. Comments included, "We are able to spend quality time with the residents. I never feel rushed."

#### Preventing and controlling infection

- Good infection control practices were in place. The service was clean and tidy throughout with no malodours.
- Extensive refurbishment and redecoration had taken place since the last inspection and action had been taken to repair surfaces that could not be cleaned sufficiently.
- The registered manager and staff team had implemented government guidance in relation to COVID-19. Staff were observed to be following this throughout the inspection site visit.



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to keep complete, accurate and contemporaneous records in relation to staff support and training. This was a breach of regulation 17 (Good governance) 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 17.

- Staff had the appropriate skills and knowledge to carry out their roles. They had been provided with regular support and supervision. Records were in place to evidence this.
- Improvements had been made to the training provided to staff. Although COVID-19 had impacted on the training delivery, a training manager was now employed, and thorough plans were in place to address this.
- An induction was now in place for new staff who joined the service.
- Staff felt supported and spoke highly of the registered manager. One member of staff said, "Norwood House is a lovely place to work now. Staff are so much happier, and we get a lot more support. Nothing is too much trouble for [registered manager's name], I feel I can go to them for anything."

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

- People's needs were thoroughly assessed before they moved into the service.
- Detailed care plans were then put in place, which supported staff to provide care in line with people's needs, personal routines and preferences.

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

- People were provided with a choice from a wide variety of food and drinks to meet their nutritional needs.
- Staff were available to offer support to people during meals times if this was needed.
- People had been asked about the menu choices and action had been taken when they made any suggestions. For example, one person had requested a 'takeaway night' and this now took place.

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

- People were supported to live healthier lives.
- Staff had good links with other professionals who had been contacted in a timely manner when needed.

- Professional advice and guidance given had been followed by staff.

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

- The environment was suitable and met people's needs.
- Refurbishment work had been completed to ensure the service offered a dementia friendly environment. Work was ongoing to create a secure outdoor space that people could enjoy.
- People had been encouraged to choose how they wished for the service to be decorated.

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

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 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA had been followed. DoLS were in place where required and reviewed appropriately.
- Where people lacked capacity, decisions made in their best interests were recorded and relevant people had been involved in decisions.
- Staff had relevant knowledge; they knew the process to follow if they suspected a person lacked mental capacity. Refresher training was planned for all staff to ensure they remained up-to-date with best practice guidance.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to establish and operate effective systems and processes to monitor and improve the service. This was a breach of regulation 17 (Good governance) 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 17.

- The quality assurance processes in place had improved. Audits were completed on a regular basis and were effective in highlighting concerns and areas for improvement.
- The registered manager had effective oversight of how the service was being run. A compliance officer had been recruited to further drive forward improvements.
- The provider was committed to improving the service. They had developed a 'service improvement plan', which outlined ongoing improvements they planned to make.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had a positive culture.
- Staff were encouraged to share their views and contribute to decisions about changes. Comments included, "We are listened to" and "We are always informed of changes and why they need to happen. Staff appear to be a lot happier."
- The provider was responsive to issues and concerns; they understood their responsibility to be open, honest, and apologise to people if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager engaged with everyone using the service, as well as relatives and professionals to ensure the service provided person-centred, high-quality care. Feedback was analysed, and improvements made where needed.
- The provider was committed to the service; they had invested in the service to ensure they were meeting

regulatory requirements.

- Systems were in place to ensure lessons were learnt when things went wrong. Continuous learning was promoted by the registered manager. Any learning was shared with the staff team during staff meetings and supervisions.

Working in partnership with others;

- The registered manager was committed to working in partnership with others to further develop the service; they and the staff team had worked alongside the local authority to make required improvements.