

Norwood House Nursing Home Limited

Norwood House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Norwood House Nursing Home is a residential care home providing accommodation and personal care to up to 31 people. The home provides support to older people and people living with dementia. At the time of our inspection there were 29 people using the service.

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

Risks to people's health, safety and welfare were not always assessed and monitored safely. People were not always supported to have maximum choice and control of their lives and records did not reflect they were supported in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Where people lacked capacity robust best interest assessments were not in place. Accidents and incidents were not always recorded consistently. These shortfalls had not been identified through the provider's quality assurance systems.

People and relatives praised the standard of care and said staff were kind, caring and attentive. Medicines were managed safely. There were close links with health professionals and other agencies to ensure people's health needs were met and changes responded to promptly. Systems were in place to ensure people were safeguarded from abuse and poor care. The service followed safe infection prevention and control practises.

People's needs were robustly assessed before they moved into the home. People's nutritional needs were met. The home and grounds were attractive and well maintained and there had been consideration to ensure the environment supported people living with dementia.

There was a consistent and experienced staff team in place. Recruitment was managed safely and staff received good induction, training, and supervision.

The registered manager and manager provided staff with leadership and promoted an inclusive and supportive team culture. The provider fostered partnership working and being genuinely engaged in the local community. There was an inclusive, warm, and welcoming atmosphere throughout the inspection and a strong emphasis on people receiving person-centred care and having varied positive opportunities.

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

Rating at last inspection

The last rating for this service was good (published 11 October 2018).

Why we inspected

We inspected due to the length of time since the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Norwood House Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the management of risk, consent to care and good governance arrangements.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Norwood House Nursing Home

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors, a regulatory coordinator, 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. A regulatory coordinator made telephone calls to staff.

Service and service type

Norwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Norwood House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was 2 registered managers in post and an additional manager on site.

Notice of inspection

The first day of the inspection was announced. The second day of the inspection was unannounced.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked around the service and observed care and support in communal areas. We spoke with 3 people and 6 relatives about their experiences of the care provided. We spoke with care staff, a nurse, the cook, the deputy manager, the manager and the registered manager. We reviewed records including 8 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment, training, and supervision. We also looked at a range of records relating to the management of the home including audits, meeting records and policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. 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; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were assessed but we found there were gaps in monitoring and not all risks had been assessed robustly.
- Where people were at risk due to their skin integrity, risk assessments were not always clear and people were not always repositioned regularly. We reviewed 4 people who had been assessed to need pressure relieving mattresses and the settings were not set correctly. This exposed people to an increased risk of harm.
- Where people presented with complex behaviours which resulted in them becoming upset and agitated risk assessments were not person-centred and records were not always fully completed. This meant people were at risk of harm and not being supported consistently by staff.
- Accidents and incidents were generally reported but we found inconsistencies which meant the registered manager did not always have an accurate overview.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed robust action had been taken to resolve the concerns about people's mattresses and more detailed audits had commenced to ensure all risks were fully assessed and monitored.

- The premises were well maintained and a range of detailed environmental checks were in place.
- We also saw evidence of good practise and staff understood people's needs well. The provider had carried out an analysis of falls and had made changes to the environment and deployment of staff which had resulted in a reduction in people falling.

Using medicines safely

- People were supported to receive their medicines safely.
- Where people were prescribed medicines on an 'as required' basis protocols were not always person-centred. The registered manager had identified this and had started a full review. On the second day of the inspection, we saw protocols had been updated to reflect more person-centred information to support staff to administer medicines more consistently.
- Medications systems were organised and records well completed.

- Staff received regular training and their competency was assessed in line with good practise.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and possible harm.
- People and relatives said they felt safe. One person said, "I feel very safe. It's as good as anywhere and I know they will come if I need them."
- Staff received safeguarding training and demonstrated a clear understanding about how to recognise and report abuse and poor care.
- The registered manager understood their responsibility to refer any safeguarding matters to the appropriate agencies.

Staffing and recruitment

- Safe staffing levels were in place.
- People and relatives confirmed this. One relative said, "I am pleased [name of relative] is safe there and there are always plenty of staff around which is reassuring."
- The registered manager used a dependency tool to assess how many staff were needed. This was regularly reviewed to ensure there were enough staff to meet people's needs.
- Recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Preventing and controlling infection; Visiting in care homes

- People were protected from the risk of infection and we observed staff following safe infection prevention and control practises.
- The home was clean and tidy.
- People were able to receive visitors in line with best practise guidance.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working in line with the Mental Capacity Act.
- Capacity assessments were not always clear. Where people lacked capacity and restrictions such as bed rails and sensors were in place best interest assessments had not always been carried out. Where assessments were not always in place there was a lack of evidence of robust discussions and the relevant people being involved. In some case assessments had been undertaken by one staff member.

Systems had not been established to ensure the service was compliant with the MCA. This placed people at risk of harm. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they were undertaking a full review of their processes in assessing people's capacity and we saw evidence detailed communication with people's family and relatives had commenced.

- We saw there was good communication with people's families but this was not always reflected in a formal process.

- We observed staff routinely offering and respecting people choices in a supportive and warm manner.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver safe care and support.
- Staff said they felt well supported and were provided with the relevant training and support to be able to carry out their role effectively.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- We identified some records were inconsistent in relation to people's dietary needs but the provider took immediate action and addressed this.
- Where people were assessed to be nutritionally at risk the provider was offering effective levels of support. We observed one staff member gently encouraging one person to have a snack by taking time to show them the choices available.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured they worked effectively within and across organisations to deliver effective care, support, and treatment. There were close links with other health and social care professionals, including weekly meetings with the GP. Feedback from the GP in a recent survey stated, "There is excellent communication on ward rounds."
- The provider undertook comprehensive assessments before offering people a placement at Norwood House. They made changes to this during our inspection to ensure detailed capacity assessments were undertaken as part of this process.
- People were supported to live healthier lives, access healthcare service and support. This included having access to gentle exercise and opportunities to take part in activities outside of the home. On both days of the inspection a group of people enjoyed an outing to the local garden centre.

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

- People's individual needs were met by adaptation, design, and decoration of the premises.
- The home was spacious and homely with a range of communal spaces for people to choose from including 2 lounges and a conservatory. The outdoor space had been adapted to include a sensory garden walk and other points of interest including a summer house.
- People living with dementia were supported with pictorial signage and menus. People's bedroom doors were painted different colours to identify them and one staff member told us this helped some people recognise their own bedroom.

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 our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider's systems did not always effectively monitor the service to drive improvements in service delivery. Audits of care records and accident forms were not always effective. Some of the concerns we identified in relation to care records had been picked up by an external audit and they had not been addressed.
- The home used an electronic care planning and monitoring system. We found staff interpreted guidance differently which meant they logged events in different places. This meant it was difficult to audit care records effectively.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they would be reviewing their care plan audits to ensure they identified the shortfalls we had raised. They also took immediate steps to mitigate specific risks we identified during the inspection.

- There were a range of other audits and quality checks in place which had been effective.
- The provider understood their responsibilities under the duty of candour and were open and honest when things went wrong. They fulfilled their responsibility to report certain incidents and events to CQC.

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

- There was a positive and open culture at the service.
- Staff were able to demonstrate a good understanding and a commitment to person-centred care.
- Feedback about the management was very positive and they were described as approachable. One staff member said, "Management always ask how we are doing and if we need any support and they will genuinely support us."
- People and relatives were complimentary of the service. we observed a warm and inclusive atmosphere throughout the inspection. One relative said, "You have happy staff, you get happy residents. It's win win." Another person said, "It is like a big family to me."

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

- Systems were in place to ask people and staff about their views. The provider had recently carried out surveys which showed high levels of satisfaction. They completed a "You said: We did" pictorial display to show what they had done in response to people and relative's feedback. This included starting a newsletter and updating the home's décor.
- Staff felt appreciated and involved in the day to day running of the home. One staff member said, about staff meetings, "They are useful, we have an agenda, giving new ideas and ways of working."
- People were actively involved in the local community. The manager spoke passionately about the positive impact of people getting out and about. They said, "The quality of experiences we are able to offer give the best quality of life."

Working in partnership with others; Continuous learning and improving care

- The provider worked in partnership with others. This included local schools and colleges.
- The provider had created a learning culture at the service which improved the care people received. They demonstrated commitment to constantly improve.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Reg 11(1) The provider did not have systems and processes in place to ensure compliance with MCA
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Reg 12(1) The provider failed to have safe systems in place to ensure risks to people's health, safety and welfare were managed effectively
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Reg 17(1) The provider did not have effective processes were in place to monitor and improve the quality and safety of the service. Audits had not identified shortfalls in people's care records.