

Poole Beresford Limited

Norton House Trading as Poole Beresford Ltd

Inspection report

Norton House
Norton Street
Elland
West Yorkshire
HX5 0LU

Tel: 01422379072

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20 February 2017

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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

Care service description.

Norton House is registered to provide accommodation and personal care for up to 22 older people, nursing care is not provided. The accommodation is arranged over two floors with the lounges, dining room and conservatory on the ground floor. There are bedrooms on both floors. At the time of the inspection 17 people were living at the home.

Rating at last inspection.

At the last inspection the service was rated as 'Good.'

At this inspection we found the service remained 'Good' and had improved in the 'Well-led' section from 'Requires improvement' to 'Good.'

Why the service is rated Good.

Staff were recruited safely and there were enough of them to provide people with the care and support they needed. Staff received appropriate training and support and were very enthusiastic about working at Norton House.

Care plans were person centred and up to date. Care workers knew people well and understood their personal preferences. People's healthcare and nutritional needs were being met and activities were on offer to provide people with stimulation.

The registered manager and provider had introduced a range of audits which were effective in identifying and addressing any shortfalls in the service. People who used the service, relatives and professionals had all been consulted about the way the service was managed and any improvements which could be made. Their responses had been acted upon which showed their views were valued.

Further information is in the findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>There was a registered manager who provided leadership and direction to the staff team.</p> <p>Improvements to the auditing and governance systems had been made. These were effective in identifying areas for improvement.</p> <p>The registered manager sought and used the feedback from people who used the service, relatives and professionals to improve the quality of service provided.</p>	<p>Good ●</p>

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 20 February 2017 and was unannounced. The inspection team consisted of one adult social care inspector 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.

Before the inspection, the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service. We reviewed the information sent to us, for example, notifications from the service and the local authority contract monitoring report. We also contacted people who had an interest in the service, for example, the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

We spoke with five people who used the service, one relative two care workers, the cook, the deputy manager and registered manager. We looked at three care files, two staff recruitment files and records associated with the management of the service.

Is the service safe?

Our findings

Safe recruitment procedures were in place. Documentation showed new staff went through a robust recruitment process, including completing an application form detailing their previous work history, attending an interview, providing references, having their identity checked and undertaking a Disclosure and Barring Service Check (DBS). This helped provide assurance that new staff were of suitable character to work with vulnerable people. One care worker we spoke with confirmed these checks had taken place before they had started to work at the service.

Sufficient staff were deployed to ensure people received prompt care and support. Care workers told us there were enough staff to ensure people's needs were met. Staffing levels were regularly reviewed and people's dependencies were used to calculate the required staffing numbers. We observed care and support and saw there were sufficient staff to ensure people were appropriately supervised and any requests for assistance were dealt with promptly.

People who used the service told us they felt safe at Norton House. One visitor said, "The biggest reassurance is knowing my relative is safe." We saw there were safeguarding policies and procedures in place. We spoke with two care workers about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both of them told us they would not hesitate to report any concerns to the registered manager. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood how to keep people safe.

We looked around the building and found it clean, tidy and odour free. We also saw disposable gloves and aprons were readily available for care workers to use.

We saw at the last food standards agency inspection of the kitchen they had awarded them 5* for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

The building was well maintained and communal areas were well decorated and comfortably furnished. The registered manager explained new carpets had been ordered for the hallway and corridors and were due to be fitted on 2 and 3 March 2017.

Care records, for people who used the service, contained identified areas of risk. Risk assessments were in place which covered, for example, moving and handling, nutrition and tissue viability. We saw where risks had been identified, action had been taken to mitigate those risks. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress in place and had a specialist cushion for their armchair. We saw one of the district nurses had complimented staff on the way the service managed people's skin integrity.

The registered manager explained they had recently changed the medication system at the service. We

found medicines were stored safely and only administered by staff who had been appropriately trained. Medication administration records were up to date with no gaps in recording. We observed people were given their medicines in a caring way and those who required more encouragement and support received it. This showed us people were receiving their medicines at the times prescribed.

Is the service effective?

Our findings

Care workers we spoke with told us their training was up to date and they were reminded when they needed to complete refresher training. We spoke with the deputy manager who told us some training was 'face to face' and some was computer based. They kept a training matrix which showed what training had been completed and what was coming up for renewal. The deputy manager also explained they reviewed the 'on line' training to check staff understanding. For example, they had identified an issue around The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards so had arranged additional 'face to face' training to facilitate further learning and understanding.

Staff we spoke with told us they felt supported in their role and confirmed they received formal supervision every three months where they could discuss any issues on a one to one basis. They also told us they received an annual appraisal, which focused on their practice and on-going professional development.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the MCA and that staff had an understanding of how these principles applied to their role and the care they provided. For example, we saw one person had a specific condition attached to their DoLS authorisation. We saw this had been included in their care plan and they were being provided with activities, which met the condition. This showed us staff understood the legislation and were acting within the law.

We saw in one of the care files we looked at the issue of gaining consent was addressed in each individual care plan. For example, it reminded staff to gain consent before assisting with personal care. We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. This showed us staff were making sure people were in agreement before any care was delivered.

We saw nutritional risk assessments had been completed and people's weights were monitored closely. One of the care workers told us if any weight loss was noted the person's GP would be contacted and their food and fluid intake would be monitored to make sure they were getting enough nutrition. Another care worker told us there was always plenty of food and people could have whatever they wanted.

At breakfast time we saw some people ate in the dining room and others chose to have their meal in their

bedroom. The menu was on display in the dining room and there was a choice available for all meals.

The lunchtime meal was a social occasion and people were able to spend as long as they wanted over their meal. We saw people enjoying their food and where people needed assistance care workers were available to offer support.

In the three care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, district nurses, opticians and podiatrists. We concluded people's health care needs were being met

Is the service caring?

Our findings

We asked people using the service if they liked the staff. One person told us, "Nothing is too much trouble for them [staff]" and a relative said, "I cannot thank the staff enough for what they do for my mother." Two members of staff explained to us they had a great responsibility to ensure that all the people who used the service were cared for because, "After all, this is their home."

We looked at survey feedback which had been returned in December 2016 from professionals involved with the service and noted the following comments. "Staff are well mannered and provide care that is respectful of and responsive to individual residents needs and values." "Very homely feel when you visit and always made to feel welcome." We also saw this comment from a relative, "What I do know is you have created a warm, homely atmosphere that provides personal care. It looks and feels and smells like a home you would like to live in yourself, that's no mean achievement."

We saw the care plans for people who used the service contained 'Life story' information and details of their interests and hobbies. People looked relaxed and comfortable around staff. There was a calm and friendly atmosphere and we saw staff took time to sit and chat with people. We observed care and support and saw staff treated people with kindness dignity and respect. Interactions were consistently positive and it was clear staff had developed good positive relationships with people and knew them well. One care worker told us how important it was to know about people's lives and experiences so they could deliver person centred care.

People were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs when required.

Staff we spoke with demonstrated that there was a culture embedded within the home of respecting people's choices and valuing their opinions. For example, staff appreciated that everyone had a right to choose what time they got up, went to bed, what they wanted to eat and the activities they wanted to be involved in. This was confirmed by our observations of care and support, for example, people were given choices as to how they wanted to spend their day and where they wanted to eat their meals.

We saw people were treated with dignity and respect and were encouraged to be as independent as possible. For example, care workers walked with people and only used the wheelchair when necessary.

We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. This showed staff respected people and their belongings.

We saw in the staff meeting minutes for January 2017 staff had been reminded about the importance of making visitors feel welcome and offering them a drink. We saw all of the visitors to the home were made to feel welcome and were offered a drink.

Is the service responsive?

Our findings

Anyone thinking of moving into Norton House could visit to see if they thought it would suit them, The registered manager completed assessments, prior to admission to make sure the service could meet their needs. We saw copies of these assessments in the care files we looked at.

We reviewed five people's care records which were detailed and person-centred. They showed what the person could do for themselves and the support they needed from staff which included any particular preferences.

We found the three care files we looked at were easy to navigate and followed a standardised format. All of the files contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking and continence. The risk assessments had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk.

People who used the service and their relatives had been involved in the care planning process. Care plans had been reviewed monthly and were up to date.

People who used the service told us if they used their call bell staff attended straight away. We saw staff responding to people's requests throughout our inspection. For example, whilst we were speaking with one person in their bedroom a care worker knocked on the door and waited to be invited in. The care worker explained they were just checking to make sure the person was alright and if they needed anything. The person asked for some tissues which were brought back almost immediately.

We also heard a conversation between one person who used the service and the registered manager. The person was asking when their new bed was arriving, they were reassured the new bed would be arriving on Wednesday and they had nothing to worry about. This showed us the service was responding to individual requests.

We saw information about how to make a complaint was on display in the entrance hall and there was also a suggestion box people could use to express their views.

The registered manager had not received any complaints. However, there was a procedure in place, should a complaint be received, to respond to the complainant with the action taken to resolve any issues and the overall outcome.

The care plans contained information about people's interests and how they liked to spend their time. For example, one person liked to watch musicals and sing. Activities were organised on a daily basis and we saw care workers organised a game of bingo and a quiz during our visit. One care worker told us quizzes were very popular and the 'Cinema' sessions when they put on an old film. This meant people were being kept occupied.

Is the service well-led?

Our findings

When we inspected the service in November 2015 we found there was a lack of provider oversight, audits were not effective and consultation with people using the service and relatives was difficult to evidence. On this visit we found significant improvements had been made.

All of the people we spoke with knew who the registered manager was and spoke highly of them.

We looked at the feedback from the surveys which had been returned in December 2016 from professionals involved with the service and noted the following comment, "One of the best run homes in Calderdale."

There was a very open and honest culture in the service and everyone we spoke with told us the registered manager was approachable. One care worker said, "It's a joy to come to work." Another care worker told us, "I look forward to coming to work."

We asked staff if they would recommend Norton House. One person said, "I love it here, it feels like home and I would definitely let a relative live here." A second person said, "I would recommend Norton House and would let a relative live here."

We saw a number of audits were being undertaken these included audits of accidents and incidents, environment, complaints and compliments, staff recruitment and medicines. We also saw the provider was completing monthly audits and producing a report on their findings and any actions which needed to be taken by the registered manager. For example, providing more activities for people who used the service.

Systems were in place to seek and act on people's feedback. Surveys had been sent out in December 2016 to people who used the service, relatives, staff and professionals who visited the service. The results of these had been collated and were available for people to read. We saw there was a high level of satisfaction with the service and where suggestions had been made action had been taken to address them. For example, people had asked if staff could wear name badges and stagger their breaks. Both of these issues had been addressed. This showed us the registered manager was actively seeking people's views and acting upon them.

We saw the minutes of the most recent staff meeting where the results of the surveys had been discussed and the outcomes. We could see the issues about staff wearing name badges and staggering their breaks had been addressed at this meeting.

We concluded the service was being well managed and that significant improvements had been made to the governance and audit systems. These systems had been fully embedded and were continuing to drive improvements to the service.