

Normanshire Care Services Ltd

# Normanshire Care Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Normanshire Care Services is a residential care home providing accommodation and personal care to five people with learning disabilities or autism spectrum disorder at the time of the inspection. The service can support up to six people in a converted house over two levels.

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

We received information following a whistleblowing to the local authority raising concerns about the lack of activities, reporting of accidents and incidents, risk management, safeguarding, staffing, food and nutrition and how people were supported when presenting with behaviours that challenged the service.

We received mixed feedback from relatives and representatives. Whilst all said they felt their relative was safe, some felt changes in staffing had an impact on the consistency of care for some people using the service.

Relatives told us they felt people had enough food and drink to meet their nutritional and hydration needs.

People participated in various indoor and outdoor activities to stimulate them and help maintain their health and well-being. The home had employed an activities coordinator.

Relatives felt able to approach the registered manager or service manager with any concerns.

Incidents were not always recorded in line with the provider's policies and procedure. The provider had not always notified CQC of safeguarding concerns.

Staff said they felt supported by management and able to approach them with their concerns.

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

### Rating at last inspection

The last rating for this service was inadequate (published 12 November 2019).

### Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received from a whistleblower about the service. The inspection was prompted due to concerns received about people's welfare and how the service monitored, recorded and reported incidents and accidents.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do

not assess all areas of a key question.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-Led sections of this full report.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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?**

At our last inspection we rated this key question Inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

**Inspected but not rated**

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

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service responsive?**

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

**Inspected but not rated**

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

At our last inspection we rated this key question Inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

**Inspected but not rated**

# Normanshire Care Services Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to follow up on specific concerns we had about the reporting of incidents and accidents at the service, risk management, safeguarding, staffing and how people were supported when presenting with behaviours that challenge, people's nutrition and the activities people were being supported to do.

#### Inspection team

One inspector visited the service and was supported by another inspector to analyse the evidence.

#### Service and service type

Normanshire Care Services is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was announced. We gave the service 17 hours' notice. This was because we needed to carry out a risk assessment in relation to the coronavirus pandemic to ensure the safety of the inspector, people using the service and staff.

#### What we did before the inspection

We reviewed the information we had received about the service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We sought feedback from the local authority and professionals who worked with the service. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with three members of staff, the registered manager, the service manager and the activities coordinator. We reviewed a range of records. We reviewed two people's care plans, people's diet plans, incident reports and behaviour charts.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives, an advocate and three staff members, including a senior support worker and two support workers as part of this inspection.

# 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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about reporting of incidents and accidents, risk management, safeguarding and staffing. As we were in the pandemic we also looked at infection control. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- Most relatives told us they felt people were safe living at the home. Comments included, "Definitely [safe]. [Relative] seems really happy. Been there a lot of times and I feel comfortable [with relative] being there and feel it's a safe environment," "From what I've seen, [relative] is safe and there were improvements but can't judge in a 30-minute visit. The new team, they brought a lot of new measures to improve the services."
- Staff told us of the actions they would take should they suspect or witness any abuse. This included reporting any initial concerns to the manager. Staff were aware of the whistleblowing policy and the external authorities to report their concerns.
- The provider had worked with the local authority where safeguarding concerns were raised. Nevertheless, we noted that the provider had not always raised safeguarding concerns with the CQC when they should.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risk of harm to people living at the home.
- The assessments covered risks posed to people in areas such as, personal care, eating and drinking, medicines, set routines and going for car rides.
- The provider recorded people's behaviour when they presented with behaviours that challenged. Care plans contained support plans and positive behaviour and proactive support plans. These identified how best to work with people when they presented with behaviour that challenged. It was not always apparent from the service's records of times where people presented with behaviours that challenged, whether these plans were followed. Neither was it evident when or if the service escalated such behaviours to relevant professionals for appropriate review and recognised the need to raise these as incidents.
- The behavioural charts sent after our inspection visit appeared incomplete because actions taken by staff had been highlighted and this did not show on the scanned copy sent. We acknowledge you then sent us a second version where the highlighting was apparent. However, we also noted that a number of behavioural charts were incomplete as these were not dated.
- The service manager told us information from the behaviour chart records would in future be shared with the local authority behavioural therapist. This would ensure any behaviours that challenged the service could be assessed by a specialist and appropriate action taken to ensure people's behaviours could be managed appropriately.
- Incident records showed there had been six incidents recorded since the start of 2020 with only one being recorded since the beginning of the Covid-19 lockdown on 23 March 2020. However, when we spoke to

relatives and stakeholders, we were told of incidents that had not been recorded and were not part of the incident records shown to us on the day of our visit.

- We asked the service manager about this and were informed about one incident in April. This had not been recorded in their normal incident log, reviewed during our inspection. This incident was kept in a separate folder by the team leader because, we were told, the person was a new admission on respite. It had, however, been reported to the local authority.
- Staff we spoke with told us the actions they would take should an incident occur. This included completing an incident form. A staff member told us, "You write report and fill in an incident report and submit to the team leader who pass this to manager."
- Following our visit, the service manager told us staff had completed training in 'raising concerns and whistleblowing' and workshops in incident recording. The service manager told us this provided staff with a better understanding of incident reporting and recording. This includes an evaluation of lessons learnt following an incident.

### Staffing and recruitment

- Our inspection was prompted in part due to concerns regarding staffing levels. This had been an issue at our previous inspection when we had found evidence of insufficient staff to meet people's needs. We found staffing levels during this inspection were sufficient on the day we visited.
- Relatives said there were enough staff on duty when they visited the home. Relative comments included, "[There] often seems to be enough staff. My [relative] never seems to be left alone," and "There is, whenever I've been, minimum 4 or 5 members of staff."
- Staff told us there was enough staff on duty to meet people's needs and they were given the opportunity to take breaks. They told us breaks were covered by a floating staff member who also helped out with meal preparations.
- Since our last inspection the provider had employed more staff. This included an activities coordinator, a service manager, as well as new support staff.
- There were recruitment processes in place. The provider had recorded people's employment histories and made checks to ensure staff were suitable to work in the social care sector. This included criminal record checks. This meant the service sought to keep people safe through safe recruiting.

### Preventing and controlling infection

- Relatives told us they felt the environment was clean. A relative told us, "Always found to be very clean, downstairs, kitchen appears quite clean. Lounge a bit sparse and small."
- Staff demonstrated a clear understanding of their responsibilities in relation to infection prevention and control and were provided with personal protective equipment (PPE).
- One staff member told us, "Firstly, I always wear gloves, put gloves in the bin, wash hands and use hand sanitisers, clean service with antibacterial wipes, chairs in lounge, when having personal care after each person change PPE and wash hands and dispose of PPE."
- Staff told us they completed infection control training, this included how to correctly put on and remove PPE.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about people's nutrition. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Our inspection was prompted in part due to concerns about people's nutrition. At our previous inspection there was feedback that people did not always receive food of their choice. At this inspection we looked at people's food and documentation to support them with their nutrition.
- We looked at three people's nutrition documentation and saw the service was following health professional's advice to support people's dietary needs. Menus had been created with their needs and preferences in mind. This was confirmed by staff and relatives.
- We looked at food stored in the kitchen and saw there were numerous items in the freezer though less stock in cupboards. We asked the management about this and they told us food was being delivered later in the day. We saw a member of staff unpacking a food delivery later on.
- Following our inspection, we looked at food receipts provided to us the service. They indicated that food was regularly being bought for the home.
- Relatives told us on the whole, staff catered for people's nutritional and hydration needs. Comments from relatives included, "[Relative does not have any] dietary requirements, they cater for their [cultural dietary needs]. Will also eat pasta love this and noodles doesn't particularly like potato; not keen on potatoes, likes chips." And "Yes, [relative] is well fed and had a good diet, has likes and dislikes taken into account."
- Staff were aware of people's likes and dislikes. However, we noted a staff member did not tell us when asked about one person with specific dietary requirements related to their food allergy.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about activities available to people. We will assess all of the key question at the next comprehensive inspection of the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us people participated in activities at the service. One relative told us, "[Relative] likes to use their iPad and occasionally sit in garden. No outdoors, likes Lego and prefers to be indoors." Another relative told us they assumed, in spite of the Covid19 lockdown, that some activities such as going to the park would still take place, but staff at the home had not fed back to the relative whether or not this was the case. They expressed a wish for their relative to do other activities and have approached staff about this.
- Following the inspection, the provider submitted examples of correspondence and updates sent to family members in April and May 2020.
- We noted an improvement to activities offered to people since our last inspection. We saw videos and photos of people participating in activities throughout the Covid-19 lockdown period. This included barbecues in the home, nature walks in local parks and taking part in activities which could be considered as promotion of life skills such as dish washing, cleaning and cooking.
- Since our last inspection an activities coordinator had been employed and a room had been refurbished to become a sensory room. The activities coordinator told us this refurbishing was one of the first tasks they undertook when starting in post just before lockdown began. The room had soft furnishings, play mats, hanging mobiles and posters on the wall which promoted learning.
- The activities coordinator explained they assessed people's needs individually and sought to provide activities that suited people's needs and choices. For example, one person was prompted to take plates to the sink to wash up and this was reflected in their activities support plan.

# 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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to review a specific concern we had about record keeping. We will assess all of the key question at the next comprehensive inspection of the service.

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

- We found not all notifications of safeguarding concerns were submitted to CQC as is required. A safeguarding concern raised in October 2019 had not been notified.
- The service provided most documentation and information requested as part of the inspection. However, information concerning the full outcome of the above mentioned safeguarding concern was not initially forthcoming.
- Relatives told us they felt management were approachable. However, some felt the high staff turnover did not encourage consistency for the care provided to people. Relatives also felt communication could improve in relation to the way incidents and accidents were communicated to them. For example, one relative told us they would like to know of incidents at the time these occurred, as oppose to when they visited or contacted the service.
- Staff told us they felt supported by management and able to approach them with any concerns. They said the service had made improvements which had benefited them. Staff commented, "Recently yes, compared to last. Now have annual leave, before rota organised, we tend to tell the team leader and manager when we are available. We get the support we need," and "Yes, they are very good and listen to individual concern and they always have 121 supervision. If I want time off, they will arrange cover."