

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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08 May 2019

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20 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Norton House is a care home which can accommodate up to 23 people. At the time of our inspection there were 20 people living in the home.

People's experience of using this service:

The service had improved from our last inspection, although some more work was required before we could consider a rating of 'good'. Some aspects of the service met the characteristics of good, however.

Staff were providing safe care, however we made a recommendation about reviewing some aspects of care plans to ensure information was up to date. People told us they felt safe, and we saw there were enough, safely recruited staff to provide care and support when people needed it.

Medicines were usually managed safely, and we people lived in a clean and safe environment.

Any accidents and incidents were investigated as required, and reports were made to bodies such as safeguarding and the CQC when necessary.

Although people were offered choice, some aspects of recording people's capacity to make decisions and the support they received to make these decisions needed further work. Staff had access to training and support, although records in this area needed updating.

People had no concerns about the food served, and we saw people received the support they needed to maintain good nutritional health. When people needed to see doctors or other health professionals this was arranged for them.

The staff and registered manager were caring and did not discriminate against people, and supported them to remain as independent as possible. There was a lack of evidence of people's involvement in their care planning and review, however.

People's complaints and concerns were well managed, and people felt able to talk to the registered manager at any time.

Improvement had been made to the monitoring of quality in the service, however there were still some aspects of this that required improvement. People and staff were able to make suggestions about improving care in the home.

Rating at last inspection: We published our last report on the service in November 2018, and rated the service 'Inadequate' overall. At this inspection we found the provider had made improvements and have rated the service 'Requires Improvement.' This service had been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Why we inspected: This was a scheduled inspection based on previous rating.

Enforcement We identified one breaches of regulations relating to consent, as people's capacity to make decisions was not always assessed and documented.

Follow up: We have asked the provider to send us an action plan showing how they will make the required improvements. We will continue to monitor the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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 caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive 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 ●

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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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors, an assistant inspector and an expert-by-experience who had supported someone using this type of service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Norton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Norton House accommodates a maximum of 23 people over two floors. Some people using the service were living with dementia.

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 was an unannounced inspection.

What we did:

Before the inspection we reviewed information we held about the service, including past inspection reports and notifications about events and incidents which the provider is legally obliged to send us. We also checked with other organisations to ask for any information they held.

During the inspection we spoke with the registered manager, the provider, the deputy manager and seven members of staff. We looked at records relating to care and the running of the service including six care plans and medicines administration records, audits, and information relating to recruitment, training and supervision of staff. We spoke with four people who used the service, and four visiting friends and relatives.

We asked for some information to be sent to us after the inspection including a risk assessment which was needed, and records relating to fire drills and training. This was sent without delay.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

At our last inspection we rated this key question as Inadequate. At this inspection we found the provider had made sufficient improvements to rate this key question as requires improvement. Some areas of this key question still needed further work before we could rate them as good.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People told us they felt safe living at Norton House. Factors such as staff responding quickly, and the presence of assistive equipment such as walking frames and pressure mats contributed to the feelings of safety.
- At our last inspection we reported on concerns relating to managing health risks such as malnutrition. At this inspection we saw care plans contained relevant screening tools, risk assessments and guidance to show how any risks should be managed. From making observations we concluded staff were following risk management plans, for example in the use of pressure relief. We saw some risk assessments contained information which needed review, or contradictory information. For example, one person's malnutrition risk assessment score indicated low risk, however their care plan stated they were medium risk as they had been losing weight. This contributed to a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At our last inspection we had concerns about personal emergency evacuation plans (PEEPs), which lacked personalised information. At this inspection we found the provider had made improvements in this area. Plans contained a lot of detail, however were not always personalised to capture the individual support people would need. We discussed this with the registered manager during the inspection and they began to take action.
- Deliveries to the kitchen stores involved goods being carried down exterior steps and into the building through a glass door, from which there was a step down to ground level. The registered manager told us they were responsible for bringing in deliveries, however the provider told us this activity had not been risk assessed. We asked the provider to put a risk assessment in place, and they shared this with us after the inspection.
- At our last inspection we reported on concerns with some hot water temperatures, and the provider told us they would take action. We saw water temperatures were tested regularly, and our checks did not identify any concerns.
- We did not identify any concerns with the cleanliness, maintenance or equipment servicing at the service. Staff had access to personal protective equipment (PPE) such as aprons and gloves. People who used the service told us they saw regular, thorough cleaning, and said when anything broke it was mended quickly.
- People had access to call bells in their rooms and in public areas, to enable them to summon assistance when it was needed. In public areas we saw staff had ensured each person had a call bell in easy reach.
- CCTV was operating in public areas of the home, and people we spoke with expressed no concerns about

this. There was signage alerting people to the presence of this at the entrance to the home.

Using medicines safely

- Most people had no concerns about how and when they received their medicines. One person told us they had occasionally been unable to get as-and-when-required pain relief at night because the staff on duty lacked the correct training to administer this. We discussed this with the registered manager who told us they would review rotas to ensure this was not the case.
- Our checks of stock balances showed there were some errors in recording information relating to medicines. For example, one person's paracetamol count had not been updated when a new delivery had been received, and some gaps were seen on medicines administration records (MARs). Room temperatures were recorded to ensure medicines were stored safely, however on four occasions the records showed the room had been above a safe temperature. This contributed to a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- At our last inspection we reported on a concern with the process followed for requesting references, and identified a breach of regulations relating to the employment of fit and proper persons. At this inspection we found the provider was operating within policies and procedures to ensure staff recruitment was safe, protecting people against the risk of employing staff who were barred from working with vulnerable people. The provider was no longer in breach of this regulation.
- There were sufficient staff to meet people's needs in a timely way. Most people told us they did not have any concerns in this area, and our observations showed people were not kept waiting when they needed assistance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider continued to record accidents and incidents, with reports being made to safeguarding teams and CQC as required. Statistics were produced and analysed to help identify and address any emerging trends such as a change in a person's risk profiling, and times and locations of incidents.
- Staff understood how to identify any concerns relating to the abuse of people using the service, and most said they felt confident in reporting these.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our last inspection we rated this key question as requires improvement. We had concerns about training and the management of people's mental capacity. Although we identified some improvements at this inspection, and the registered manager began to act on our feedback, further improvement was required, and the provider remained in breach of one regulation.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- When people lacked capacity to make certain decisions, documentation to show how decisions had been made for them in their best interests was not robust; there were not always records to show who had been involved or what information had been considered in order to make the decision.
- Some information in care plans relating to people's capacity to make decisions was not clear. For example, documentation relating to capacity for one person stated 'no problem' against a range of decisions, however this had been crossed out with no additional information to replace it. The registered manager told us the person did not have capacity.
- Processes were in place to ensure DoLS were applied for when needed, and applications to renew these were submitted in a timely way. The local authority had not always been able to process the re-applications before the expiry of an authorised DoLS, however, and care plans lacked guidance for staff to follow in these circumstances. This was needed to ensure people were kept safe whilst still respecting their legal rights. We discussed this with the registered manager during the inspection and asked them to provide additional guidance.

- The registered manager began to make improvements to documentation during our inspection, however, the above evidence showed the provider remained in breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- There was a programme of training in place to ensure staff acquired and retained the key skills they needed to provide effective care, however the records relating to these were incomplete and showed some staff had not received regular training in line with the provider's policies. We were provided with updated training schedule after the inspection.
- Staff we spoke with said they had a good standard of support through supervision, appraisal and day-to-day contact with the registered manager and their team.

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

- One person's nutrition care plan required review to ensure it reflected their current needs. The care plan referred to them needing an adapted diet, however this was no longer the case. We brought this to the attention of the registered manager during the inspection, and have made a recommendation in the 'safe' section of the report about reviewing all care plans.
- We saw there were drinks and fresh fruit that people could help themselves to, but we did not see staff offering drinks and snacks to people through the day.
- People told us they had no concerns about the food served at the home, and we saw the mealtime was a relaxed experience, with people able to choose whether they ate in the dining room or their own room. When assisted people to eat we saw they did so in a discreet way which remained focused on the person they were helping.

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

- There was sufficient, suitable signage to assist people to navigate around the home, and the registered manager had researched good practice in adaptation as part of planning future improvements in the home.

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

- People told us they were supported to see health professionals such as doctors and chiropodists when they needed to. Care plans contained evidence of this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We saw staff and the registered manager were familiar with people's needs and personalities, and spoke with everyone in a friendly and caring manner. People and their relatives told us they got on well with the staff and registered manager. One person said, "We have a bit of fun with the staff." Another person told us, "Staff know me, they are very thoughtful."
- Staff we spoke with knew people's characters as well as their care needs. They spoke to us about people with fondness and knew their routines and preferences.
- People told us the staff encouraged them to remain as independent as possible, for example only providing help when they really needed it and letting people do what they could for themselves. This included providing people with adapted cutlery and crockery to enable them to eat with a minimum of support.
- Our observations, conversations and reviews of documentation confirmed people were not experiencing discrimination as a result of a protected characteristic, for example, gender, faith or sexuality.

Supporting people to express their views and be involved in making decisions about their care

- We observed staff asking people before offering help and support, and respecting people's choices and requests.
- People and their relatives said they were involved in decisions made about their care.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

At our last inspection we rated this key question as requires improvement. Care plans varied in detail, activities were not always relevant to people's interests and the provider was not always following their own procedure when managing complaints.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained a good level of clear detail and guidance relating to people's care and support needs, however there was a lack of evidence people were routinely involved in the writing and review processes. Further improvements were needed to capture more detail about people's preferences and individuality, and we recommended the provider undertake a full review of care plans with the involvement of people and their relatives.
- People we spoke with said they occupied their own time with activities such as reading, watching television and spending time in the community with friends and relatives. Although there was a low level of feedback about organised activities in the home, people did not tell us they were bored. One person told us, "I couldn't care less about activities." A visitor told us their relative was quite happy sitting and watching whatever went on, and was unlikely to join in. Our observations showed the staff and registered manager regularly engaged in friendly conversation with people. We saw people enjoyed this.

Improving care quality in response to complaints or concerns

- People and their relatives told us they could speak to the registered manager at any time about any concerns or complaints they may have. People who had raised concerns said the registered manager was willing to listen, and acted appropriately on what they were told. Written records of complaints and responses were kept, with an overview to assist the registered manager to identify any emerging themes or trends. The provider was now following their procedure.

End of life care and support

- People's end of life care needs and preferences, including those relating to their faith, were well documented. Plans for this aspect of people's support captured what the person may worry about, where they would wish to spend their last days and what staff would need to do to make sure their wishes were respected.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- At our last inspection we found systems for assessing and monitoring quality in the service were not robust, lacked detail and had failed to identify the issues we found when we inspected. We identified a breach of regulation 17 (Good Governance). At this inspection we found monitoring activity had improved, and saw analysis was carried out and actions were taken. However there was a lack of evidence of the registered manager's oversight of the processes and some issues which we found had not been identified, particularly in relation to care plans and people's capacity to make decisions. Further improvement was also needed in the provider's oversight of the service to ensure governance activities were an effective driver for improving the service. The provider remained in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Continuous learning and improving care

- There was evidence that areas of care were audited and then analysed to enable lessons to be learnt and positive change implemented. For example, there was good analysis of accidents and incidents, and the registered manager told us the introduction of CCTV in the home had already helped them understand the causes of an accident that had not been witnessed by staff.

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

- People and their relatives told us the registered manager and provider were visible, friendly presences in the home, and said they felt comfortable discussing any issues with them. We saw from records that the registered manager contacted families about any incidents or changes in care when this was appropriate, and people we spoke with confirmed this.
- People were consulted about changes in the home, for example sharing their opinions before CCTV was fitted to cover all communal areas. People and relatives we spoke with said they felt able to make suggestions to the registered manager and provider and told us they felt they were listened to.
- Staff we spoke with also said the registered manager was willing to listen to their suggestions and usually offered explanations when things could not be acted on.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Assessments of people's capacity to make decisions were not always complete or clear. Documentation relating to best interests decisions made on their behalf was not always in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Some aspects of the quality assurance system needed further improvement and management oversight.