J J Bordiuk and M Bordiuk

Norlands Nursing Home

Inspection report

Monsall Road
Newton Heath
Manchester
Greater Manchester
M40 8NQ

Tel: 01612059525

Date of inspection visit:
09 May 2018
14 May 2018

Date of publication:
23 July 2018

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

This inspection took place over two days on 09 May and 14 May 2018. The first day was unannounced, which meant the service did not know in advance we were coming. The second day was by arrangement.

Norlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Norlands Nursing Home is registered with CQC to accommodate a maximum of 21 older people, including those living with dementia. At the time of this inspection the home was full.

At this inspection we found two breaches of regulations concerning safe care and treatment and good governance. We have also made three recommendations relating to the mental capacity act, person-centred care, and equality, diversity and human rights. You can see what action we have asked the service to take at the back of the full report.

We looked at how medicines were managed and found a variety of issues. For example, on the front of each Medication Administration Record (MAR), there was no place to record if a person had any allergies. This placed people at an increased risk of receiving a medicine that they were allergic to. We also found arrangements for administering 'as and when required' medicines was ineffective and not response to people's needs.

We looked at how the service assessed and mitigated risks. We found that not all people who used the service had individual risk assessments completed and that where a risk assessment had been completed, information was recorded in a variety of different places. For example, some risks were noted and addressed in care plans under the heading of 'safety' however these were not easily identifiable or clearly presented, others on a separate risk assessment page.

We looked at the use of thickeners in people's drinks and how special diets were managed for those deemed a high risk of choking. We found the information recorded in people's care plans was contradictory and did not reflect the most recent swallowing assessment completed by a Speech and Language Therapist (SaLT). As a result of this, we asked the service to complete an immediate review of each person deemed to be at risk of choking. We also raised safeguarding alerts with the local authority.

Norlands Nursing Home benefited from a low staff turnover and all members of staff were on permanent contracts. The service did not use an external staffing agency and short falls in shifts were covered by existing permanent staff. Recruitment procedures remained safe and effective.

Care staff understood how to help people make choices on a day to day basis and how to support them in making decisions. However, information recorded in care plans relating to the mental capacity was not decision specific and we found a blanket approach had been taken in respect of recording if a person was

deemed to lack capacity.

We asked the registered provider to provide us with overarching records relating to the management of Deprivation of Liberty Safeguards (DOLS) made to the local authority and found these were not sufficiently robust to ensure oversight was maintained. For example, there was no DOLS matrix or tracker in place that would help the service to record key dates relating to the DOLS process.

People received care and support from staff who knew them well and who had the skills and training to meet their needs. Staff told us they continued to receive lots of opportunities for training and professional development.

We observed the mealtime experience and saw that people benefited from freshly prepared, home cooked food and were offered choice from a varied menu. At breakfast people could choose from a cooked option, cereal, toast or fresh fruit. At lunch time people were offered a choice of two options for both the main and desert. At tea time a selection of sandwiches was provided with a further desert option.

The daily menu was displayed on a white board in the dining room but no pictorial menus were made available This type of menu can help people who are living with dementia to communicate their personal preferences at mealtimes.

Norlands Nursing Home benefited from attractive landscaped gardens and an outside space that was accessible for wheelchair users and people with limited mobility. Weather permitting, visiting relatives were encouraged and supported to spend time with their loved ones outside in the fresh air.

Throughout our inspection we observed lots of instances of warm and caring interactions between staff and people living at the home. Without exception, people described the home as a very caring place to live.

People living at Norlands Nursing Home were diverse and multi-cultural. Through talking to staff, we were satisfied the ethos and culture at the home was non-discriminatory and the rights of people from certain groups would be respected.

Everyone was allocated a keyworker and their role was to get to know the person particularly well and to ensure their day-to-day needs were met.Throughout our inspection, it was clear that staff at Norlands Nursing Home knew people well and their basic care needs were being met.
However, care and support planning documentation was not reflective of this.

Documentation for recording day to day care and support was disorganised and spread across multiple systems. The majority of care files contained historical information that was not always reflective of a person's needs and this made eliciting the current picture difficult. We also found care and support records to be task and nursing orientated and did not take sufficient account of people's likes, dislikes, personal preferences and who was important to them.

People living at Norlands Nursing Home could choose to participate in a range of traditional activities. For example, sing-a-longs with a visiting entertainer, board games, dominos and bingo sessions. People were also supported to access the local community through visits to the local shops, cafes and the market.

In reviewing arrangements for good governance, we looked at systems for audit, quality assurance and questioning of practice and found records to be disorganised and not sufficiently detailed enough to provide assurance that oversight was being maintained. In particular, we found no regular overarching

analysis was completed in order to identify trends or contributory factors.

We spoke at length with the registered manager to ascertain their understanding of the legal responsibilities associated with being a registered manager. In particular, the fundamental standards of quality of safety. Through these discussions, and from the evidence gathered during the inspection, it was apparent the registered manager had not kept pace with changes to legislation and they were not in a position to fulfil the role of registered manager effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some aspects of medicines management were not effective. In particular, for 'as and when required' medicines.

Records relating to assessing and mitigating risk was disorganised and spread across various documents.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The principles of the mental capacity act were not always adhered to and systems and processes for managing and tracking DOLS were not effective.

The daily menu was displayed on a white board in the dining room but no pictorial menus were available to help people living with dementia.

Due to limitations on space in the communal dining room, not everyone could be accommodated to sit and have their meal at the dining table.

The service benefited from attractive landscaped gardens and an outside space that was accessible for wheelchair users and people with limited mobility.

Is the service caring?

Good

The service was caring.

We received positive comments about the kindness and positive attitude of the staff.

We observed a notice in the hallway which stated 'Our residents do not live in our workplace we work in their home' which gave a respectful impression to those visiting the home of the way staff viewed the people living there.

Staff understood their responsibilities in ensure information about people who used the service was treated confidentially and stored securely.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff at the service knew people well and their basic care needs were being met. However, care and support planning documentation was not reflective of this.

Where appropriate, the service had not fully considered the legal requirement to provide information in an accessible format.

Staff in the service had successfully completed the 'Six Steps' end of life care training. The Six Steps programme seeks to ensure that for those people nearing the end of life, they are able to do so in a comfortable, dignified and pain free manner.

Is the service well-led?

Requires Improvement

The service was not well-led.

Systems for audit, quality assurance and questioning of practice were disorganised and not sufficiently detailed enough to provide assurance that oversight was being maintained.

The registered manager was found to be not fulfilling the responsibilities expected of a person registered with the CQC.

Norlands Nursing Home

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 inspection took place over two days on 09 May and 14 May 2018. The first day was unannounced, which meant the service did not know in advance we were coming. The second day was by arrangement. The inspection team comprised of two adult social care inspectors from the Care Quality Commission.

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, what the service does well and improvements they plan to make. We also reviewed information we held in the form of notifications received from the service, including safeguarding incidents, deaths and injuries.

Ahead of the inspection, we also contacted other relevant stakeholders such as Manchester City Council, to request information that would help to inform our inspection planning.

Due to the nature of the service provided at Norlands Nursing Home, some people were unable to share their experiences with us; therefore we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition to this, we spoke with eight people who used the service and three visiting relatives.

We spoke with nine members of staff including the provider, registered manager, deputy manager, chef, and various care assistants. We looked in detail at eight care plans and associated documentation; four staff files including recruitment and selection records; training and development records; audit and quality assurance; policies and procedures and records relating to the safety the building, premises and equipment.

Requires Improvement

Is the service safe?

Our findings

During our last inspection of Norlands Nursing Home in March 2016, we identified an area of concern regarding the safe management of medicines. At this inspection, we again found some areas of concern.

Since our last inspection the home had changed the system used for administrating people's medicines to a 'Biodose' system. Biodose combines people's prescribed medicines as detailed on their individual Medication Administration Chart (MAR) into personalised packaging ready for administration by staff. The registered manager advised that since the introduction of this system there had been no medication errors. We looked at five people's medicines and associated MAR's and found these had been given as prescribed. However, we noted that on the front of each MAR, there was no place to record if a person had any allergies. This placed people at an increased risk of receiving a medicine that they were allergic to.

We found one person required cream to be applied on a daily basis but they did not have a separate cream chart or body map in place. We also found the nurse would sign the MAR after the carer had told them they had applied the cream. We spoke with the registered manager about this and informed them that a cream chart and body map should be in place for each person requiring the use of creams and which carers could sign upon administering the cream.

We looked at how medicines that were required PRN (as and when required) were managed and we were told no one who used the service currently had any PRN medication. We therefore asked what the procedure would be for when a person who used the service needed pain relief. In such circumstances we were told the GP would be contacted and permission gained so that pain relief, and/or another form of medicine, could be obtained within 'one to two hours.' We also found the home did not utilise any form of homely remedies. We found this was not a responsive solution to dealing with the unexpected need for pain or for obtaining and administering those medicines that might be required on an ad-hock basis.

It is recommended that medicines are stored below 25 degrees to ensure that the medication is kept in optimum condition. However, we found that there was no thermometer in place to record ambient daily temperatures. We raised this issue with the registered manager and this was actioned by the second day of our Inspection.

At the time of our inspection no one who used the service were receiving controlled drugs (very strong medicines that may be misused) but the home had the appropriate secure storage and administration records in place should these be required.

The nursing staff completed weekly audits of people's medications in an attempt to minimise the risk of any errors. However, these audits have been ineffective in identifying the issues we found during this inspection.

This was breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 with regard to the safe management of medicines.

We looked at how the service assessed and mitigated risks. We found that not all people who used the service had individual risk assessments completed and that where a risk assessment had been completed, information was recorded in a variety of different places. For example, some risks were noted and addressed in care plans under the heading of 'safety' however these were not easily identifiable or clearly presented, others were recorded on a separate risk assessment page. However, we saw that where staff had identified a particular risk, action had been taken to mitigate the risk, for example providing a person at risk of further falls with a falls crash mat, but this had not been documented in their care records. This meant that whilst we were assured actual action was being taken when a risk was identified, the service was inconsistent in recording risk and the way in which risk was mitigated was not always clear.

We reviewed the care records of four people who were deemed to be at risk of choking. In particular, we looked at the use of thickeners in people's drinks and how special diets were managed. We found the information recorded in people's care plans was contradictory and did not reflect the most recent swallowing assessment completed by a Speech and Language Therapist (SaLT). We also found information had not always been communicated to the kitchen with regard to people's special dietary needs. We spoke with several care workers to ascertain their understanding and whilst staff were able to tell us what type of food and liquid consistency each person required, this was not properly documented in care records. As a result of this, we asked the service to complete an immediate review of each person deemed to be at risk of choking. We also raised safeguarding alerts with the local authority. During the period of our inspection, the service confirmed to us, and we checked for ourselves, that positive action had been taken, this included a review and update of people's care plans and a re-referral to the NHS community SaLT team.

Personal Emergency Evacuation Plans (PEEPS) were available should people require evacuation from the premises. We noted that in the in the emergency 'PEEPS' box located at the front door that there was only 19 out of 21 PEEPS records available. This meant that in the event of an evacuation, information relating to current numbers of people using the service would not have been correct. During the course of our inspection this had been rectified so that the number reflected the current number of people within the home.

The registered manager told us and we saw evidence that all of the senior staff including the night staff had completed fire marshal training and that the last fire drill had taken place on the 08 February 2018 listing all participants, including night staff. We asked to see other evidence of fire drills taking place but this was not provided to us. This meant we could not be confident that drills were taking place on a regular basis. We saw that checks in relation to fire safety were carried out each week with regard to emergency lighting, fire extingishers, the fire alam and door guard activation however these had not been carried out while the registered manager was on leave.

The issues identified above demonstrated a failure to properly assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.

This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 with regard to good governance.

Norlands Nursing Home benefited from a low staff turnover and all members of staff were on permanent contracts. The service did not use an external staffing agency and short falls in shifts were covered by existing permanent staff. We looked at a sample of personnel files to check that recruitment procedures remained effective and safe. We found prospective new employee's completed application forms and the information provided included a full employment history and pre-employment checks had been carried out. These included Disclosure and Barring Scheme (DBS) checks, health clearance, proof of identity documents,

including the right to work in the UK, and two references, including one from the previous employer. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups.

We reviewed how the provider ensured the registered nurses who worked at the service maintained their registration. We saw the service kept a record of nurses' Nursing and Midwifery Council (NMC) PIN numbers and when their revalidation was due. Records showed all the registered nurses who worked at Norlands Nursing Home were registered and had a valid PIN.

We reviewed staffing levels by looking at rota's and talking to people. The home had two members of staff on at night (one of which was a qualified nurse) and three carers, one deputy manager and one qualified nurse during the day. We found there was sufficient staff to meet the needs of the people living at the service. One relative told us, "There are always staff members around, I used to visit at different times of the day to assure myself but have always found there are staff about."

Records and compliance certificates relating to the safety of the building and premises were examined and found to be up-to-date and in order. This included checks for gas and electrical safety, fire equipment, legionella and portable electrical appliances. Equipment used for moving and handling people had been serviced and maintained in line with regulations and manufacturers guidance. The home had a business continuity plan which would be implemented in the event of an incident or untoward event that stopped the service. For example, fire, flood or electrical failure.

The home recorded accidents and incidents in a separate file and had few instances of these. Falls were also recorded in individual's files. We also saw that the home had a low level of safeguarding referrals with none recorded since 2014.

Staff were clear about their role in safeguarding and the systems in place to protect people. All staff members attended safeguarding training annually. People were kept safe from the potential risk of abuse because staff had the appropriate knowledge and understanding of safeguarding and policies and procedures. Staff told us they would not hesitate to inform the nurse in charge, manager or if necessary to the safeguarding team at the local authority if they suspected any abuse. Staff were also aware of and able to describe the homes whistleblowing policy.

A member of staff took lead responsibility for the prevention and control of infection and we saw that daily and weekly cleaning rota's were completed and up to date. The cleaning schedules also included the cleaning of equipment such as wheelchairs, hoists and waking aides. As we toured the home we found it to be well presented, clean with no mal odours. One relative commented, "My [relatives] room is always clean and tidy each time we visit, as are the communal areas of the home."

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. On a practical level, care staff understood how to help people make choices on a day to day basis and how to support them in making decisions. However, information recorded in care plans relating to the MCA was not decision specific and we found a blanket approach had been taken in respect of recording if a person was deemed to lack capacity.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed that a number of applications had been made to the local authority if people were identified as potentially being deprived of their liberty. However, we asked the registered provider to provide us with overarching records relating to the management of DoLS and found these were not sufficiently robust to ensure oversight was maintained. For example, there was no DoLS matrix or tracker in place that would help the service to record key dates relating to the DoLS process.

We recommend the service consults sources of credible information relating to the Mental Capacity Act (2005) and with regards to the management of DOLS within a care home setting.

People received care and support from staff who knew them well and who had the skills and training to meet their needs. Staff told us they continued to receive lots of opportunities for training and professional development. One member of staff told us, "The training has always been very good here." Another member of staff commented, "No complaints about the training. I feel well supported and have the training I need to do my job."

We reviewed training records which demonstrated staff had completed, or were scheduled to complete a wide range of training courses. These included: safeguarding; dysphasia awareness; food hygiene; health and safety; medicines administration; moving and handling; dementia care; and, equality and diversity. Staff were also supported to complete nationally recognised qualifications such as QCF's (Qualifications and Credit Framework) at level's three and four.

Supervision sessions were completed on a regular basis and appropriate records were maintained. We saw that discussions had taken place around training, professional development and day to day operational matters.

We observed the mealtime experience and saw that people benefited from freshly prepared, home cooked food and were offered choice from a varied menu. At breakfast people could choose from a cooked option, cereal, toast or fresh fruit. At lunch time people were offered a choice of two options for both the main and

desert. At tea time a selection of sandwiches was provided with a further desert option. We also observed that if people did not want any of the options on offer, the chef would happily offer an alternative that was to the individuals liking. Throughout the course of the day, a selection of hot and cold beverages was also provided.
The daily menu was displayed on a white board in the dining room but no pictorial menus were made available This type of menu can help people who are living with dementia to communicate their personal preferences at mealtimes.

The overall mealtime experience was relaxed and an enjoyable social occasion. People received support with eating and drinking in a timely manner and at a pace that was appropriate. Through our discussions with staff we learnt that family members could stay and eat with their loved ones if they wished and some relatives we spoke to confirmed this. One relative told us, "They don't mind if I stay and have something to eat with [relative], they always make me feel welcome." However, due to limitations on space in the communal dining room, not everyone could be accommodated to sit and have their meal at the dining table. This meant a number of people were required to eat their meal in the lounge area. Appropriate over-chair tables were provided for this purpose but it was evident that not everyone had chosen to eat their meal in this manner. During feedback we raised this with the management team and discussed the possibility of meal times being slightly more staggered to enable everyone who wished to dine at the table was supported to do so. The registered provider acknowledged that space was of a premium within the home and that longer term, they were looking at the feasibility of an extension to the premises.

Before a person moved into Norlands Nursing Home a pre-admission assessment was completed. Staff described the process to us and we were told a pre-admission assessment was important for both the potential new resident and for the existing people living in the home.

People's ongoing healthcare needs continued to be met and the home maintained good links with local community health services. People were referred to relevant health care professionals as and when required and w saw that a doctor, district nurse, dietician and speech and language
therapist had visited the service to advise the staff and support them with meeting people's needs.

Norlands Nursing Home benefited from attractive landscaped gardens and an outside space that was accessible for wheelchair users and people with limited mobility. At the time of our inspection the weather was sunny and people were clearly enjoying having access to the garden area. Visiting relatives were also encouraged and supported to spend time with their loved ones outside in the fresh air.

Good

Is the service caring?

Our findings

We received positive comments about the kindness and attitude of the staff at Norlands Nursing Home. Comments included, "The nurses are lovely, they are always checking I'm ok"; "It's lovely here, I am well looked after, the staff know me and my routines really well."; and, "The staff are great – I honestly don't think they could do any better – they are excellent."

We observed a notice in the hallway which stated 'Our residents do not live in our workplace we work in their home' which gave a respectful impression to those visiting the home of the way staff viewed the people living there. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

We completed a Short Observational Framework for Inspection (SOFI). This is formalised method of observing care to help us understand the experience of people who could not talk with us. We observed numerous examples of positive, caring interactions between staff and people who used the service. People looked well cared for, were clean, appropriately dressed and well groomed. We observed staff spoke quietly and treated people with kindness and respect. There was an obvious familiarity between staff and people who lived in the home. We saw that staff laughed and joked with people and talked to them about topics of interest to them. The atmosphere in the home was calm and relaxed.

A discussion with registered provider showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them. We saw that information regarding advocacy was prominently displayed within the entrance hall.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office and also in a locked trolley in the lounge area. This was to ensure information about people was accessible to staff but kept confidential.

People living at Norlands Nursing Home were diverse and multi-cultural. Through talking to staff, we were satisfied the ethos and culture at the home was non-discriminatory and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination on the basis of age, disability, race, religion or belief and sexuality. However, to fully embed the principles of equality, diversity and human rights and how this should naturally link to care and support planning, further work was required.

We recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.'

Requires Improvement

Is the service responsive?

Our findings

Everyone who used the service at Norlands Nursing Home was allocated a keyworker and their role was to get to know the person particularly well and to ensure their day-to-day needs were met. One member of staff told us, "I'm a key worker for two people living here and I take responsibility for particular events such as birthdays and special occasions. I also ensure the people I have responsibility for don't run out of important items such as toiletries. I also provide a link for family, friends and others.

Throughout our inspection, it was clear that staff at Norlands Nursing Home knew people well and their basic care needs were being met. However, care and support planning documentation was not reflective of this. Documentation for recording day to day care and support was disorganised and spread across multiple systems. We found the majority of care files contained historical information that was not always reflective of a person's needs and this made eliciting the current picture difficult.

We also found care and support records to be task and nursing orientated and did not take sufficient account of people's likes, dislikes, personal preferences and who was important to them. We discussed this with the registered provider who initially expressed a disbelief that we deemed care records to be of a such a poor quality. The registered provider then investigated this further and reported back to us that for an inexplicable reason, person-centred care planning documentation entitled 'things you must know about me' had been removed from the care records and archived away. The registered provider was able to show us multiple examples of completed records but these had not been accessible to staff. During our inspection, work commenced to re-introduce this documentation back into people's care plans.

From the sample of care records we reviewed, it was evident the quality of care and support planning documentation had deteriorated since our last inspection. We also learnt that in fact the format of care and support plans had remained unchanged for the last 14 years. This meant documentation and the style in which information was recorded had not kept pace with changes to requirements.

We looked at how people who used the service, their loved ones or other 'relevant persons' were involved in decisions related to care and support. We found the quality of documentation relating to reviews and evaluations was poor with little or no evidence of involvement. There was no formalised process for completing a meaningful review and we found care records contained insufficient information as to whether a person's needs had changed or stayed the same.

We recommended the service consults national best practice guidance for person-centred care and support planning from a reputable source, such as the Social Care Institute for Excellence (SCIE).

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) Services must identify record, flag, share and meet people's information and communication needs. This is particularly relevant for those people living with a sensory impairment and who may require information in an alternative format. For example, large print, braille, audio or easy-to-read. We spoke to the registered provider and manager about this and discussed at length

how the AIS needs to be incorporated into good person-centred support planning. We will review the progress of how the AIS has been implemented within care plans, at our next inspection.

We talked to staff about their approach to end of life care and we were told the registered manager and a number of care staff had successfully completed the 'Six Steps' end of life care training. The Six Steps programme seeks to ensure that for those people nearing the end of life, they are able to do so in a comfortable, dignified and pain free manner. By reviewing records relating to end of life care, we saw the home was well supported by external NHS health care professionals with expertise in end of life care.

People living at Norlands Nursing Home could choose to participate in a range of traditional activities. For example, sing-a-longs with a visiting entertainer, board games, dominos and bingo sessions. People were also supported to access the local community through visits to the local shops, cafes and the market. Key workers took responsibility for recording and updating an activities log that was maintained for each person. However, there no natural link between this and a process for providing person-centred support. We also viewed a photograph album detailing various events that had taken place over previous years such as holidays and day trips.

We looked again at the homes approach to managing complaints and saw appropriate policies and procedures remained place for receiving and dealing with complaints and concerns. The complaints procedure was prominently displayed in the reception area of the home. The information described what action the service would take to investigate and respond to complaints and concerns raised.

Requires Improvement

Is the service well-led?

Our findings

At the time of this inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the first day of our inspection at Norlands Nursing Home we asked the registered manager for a variety of documents and sought information relating to the routine day-to-day operational management of home. However, it quickly became apparent the registered manager was having difficulty in locating management information. We sought an explanation about this from the registered manager and deputy manager and we were told the registered provider (business owner) was usually at the home on a daily basis and they were responsible for general management of the home but the registered provider was away on holiday which meant the registered manager was unable to access the vast majority of management systems required to operate a nursing home effectively and to ensure regulatory compliance. In response to this, we continued to carry out the inspection covering all other key lines of enquiry that did not directly relate to governance. However, we were required to return to the home the following week to outline our concerns with the registered provider and to complete the aspects of the inspection relating to management and governance.

In reviewing governance, we looked at systems for audit, quality assurance and questioning of practice and found records to be disorganised and not sufficiently detailed enough to provide assurance that oversight was being maintained. In particular, we found no regular overarching analysis was completed in order to identify trends or contributory factors.

We spoke at length with the registered manager to ascertain their understanding of the legal responsibilities associated with being a registered manager. In particular, the fundamental standards of quality of safety. Through these discussions, and from the evidence gathered during the inspection, it was apparent the registered manager had not kept pace with changes to legislation and they were not in a position to fulfil the role of registered manager effectively. At feedback, we shared our serious concerns with the registered manager and provider and we asked for a response to these concerns within 48 hours. The provider responded within the given timescale and told us the registered manager had resigned from that position with immediate effect and that an external social care recruitment agency would be used to assist in the recruitment and retention of a prospective new registered manager.

The issues identified above and outlined elsewhere in this report, demonstrated a failure to ensure the home was well-led and that regulatory requirements were being met.

This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 with regard to good governance.

Despite the issues we found around governance and the effectiveness of the registered manager to meet regulatory requirements, feedback from staff, people who used the service and relatives demonstrated that

the registered manager, in their capacity as a registered nurse, was highly regarded and people considered this person to be caring, compassionate and dedicated to the people at Norlands Nursing Home having served there for many years.

Staff meetings were carried out on a regular basis and this was evidenced through meeting minutes and by talking to staff. We found staff were encouraged to raise issues and contribute ideas to the day to day running of the home. Staff told us this helped them to feel valued and part of the wider team.

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 12 HSCA RA Regulations 2014 Safe care and treatment 12(1)(2)(g) Medicines were not managed safely. MAR charts failed to indicate the allergy status of a service user; where a medicinal cream was prescribed, cream charts were not in use and the person applying the cream did not record their actions; the management of PRN medicines was not effective or responsive to the needs to service users; and, the ambient temperate of the treatment room had not been measured.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1)(2)(a)(b) Information recorded in people's care plans relating to the assessment and mitigation of risk was contradictory and recorded over a variety of different documents. Documentation relating to Personal Emergency Evacuation Plans (PEEPS) was not accurate. Systems for audit, quality assurance and questioning of practice were disorganised and not sufficiently detailed enough to provide assurance that oversight was being maintained. No regular overarching analysis was completed in order to identify trends or contributory factors.