Norman House Care Home Ltd

Norman House Nursing Home

Inspection report

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Essex
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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

Overall summary

The inspection was completed on 4 and 5 November 2015 and there were 13 people living in the service when we inspected.

Norman House provides accommodation, personal care and nursing care for up to 20 older people. In addition some people were living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Support plans were sufficiently detailed and provided an accurate description

Summary of findings

of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services. The management of medicines within the service ensured people's safety.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision and an annual appraisal of their overall performance.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs and the mealtime experience for people was positive.

People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service were identified, these were addressed.

Summary of findings

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 safe.

The provider had systems in place to manage safeguarding concerns.

There were sufficient numbers of staff available to support people safely and to an appropriate standard.

Staff recruitment processes were thorough to check that staff were suitable to work in the service.

The provider had systems in place to manage safeguarding concerns.

Good

Is the service effective?
The service was effective.

People were well cared for by staff that were trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional care needs were well documented and supported by staff.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being.

Good

Is the service caring?
The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Good

Is the service responsive?
The service was responsive.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

Good

Is the service well-led?
The service was well-led.

The registered manager was clear about their roles, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive.

Good

Norman House 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 on 4 and 5 November 2015 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the 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.

We spoke with six people who used the service, two relatives, six members of staff, the provider, manager and the deputy manager.

We reviewed five people's care plans and care records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People told us that they felt safe and secure. One person told us, "Oh, I think I am safe, yes I'm ok." Another person told us, "Safe, I am definitely kept safe. The staff are very kind." One relative told us that they were assured by the care and support provided by staff for their member of family and that as far as they were aware their member of family was kept safe.

People were protected from the risk of abuse. Staff had received suitable safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or the provider. One member of staff told us, "If I suspected abuse I would tell the manager or the owner. If I was not satisfied with their response or felt that they had not taken action, I would notify you [Care Quality Commission] or social services." Staff were confident that the provider would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, such as the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of falls, poor nutrition and at risk of developing pressure ulcers; and the arrangements in place to help them to manage this safely. Although risk assessments were in place, improvements were required to the documentation as it was unclear as to the specific risk posed to the person and the measures in place to reduce and monitor these during the delivery of people's care. However, staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. We discussed this with the management team and were given an assurance that people's risk assessment documentation would be reviewed and re-written without delay so as to provide clearer information as to the specific risk posed. Environmental risks, for example, those relating to the service's fire arrangements and Legionella were in place.

Some people were assessed as at high risk of developing pressure ulcers. We checked the setting of pressure relieving mattresses that were in place to help prevent pressure ulcers developing or deteriorating and found that two of these were incorrectly set in relation to the person's weight. We discussed this with the management team. Immediate action was taken to rectify the mattress setting for each person and a monitoring form devised to check that these were accurate for the foreseeable future.

People told us that there were sufficient numbers of staff available and that their care and support needs were met in a timely manner. People told us that when they used their call alarm to summon staff assistance, staff responded appropriately and provided the care and support they required. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported and that they could meet people's day-to-day needs. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided in a timely manner.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

People told us that they received their medication as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for six of the 18 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Observation of the medication round showed this was completed with due regard to people's dignity and personal choice. However, during the morning medication round on the first day of inspection, a nurse was observed to directly handle two people's medication by touching their tablets with their fingers. This meant that poor hygiene methods were being used and there was a

Good

Is the service safe?

potential risk of cross-infection. We brought this to the immediate attention of the registered manager and deputy manager. The registered manager completed a formal supervision and competency assessment with the member of staff. Records showed that staff involved in the administration of medication had received appropriate training.

Good

Is the service effective?

Our findings

People were cared for by staff that were suitably trained and supported to provide care that met people's needs. One relative told us that, in their opinion, staff were appropriately trained and skilled to provide care and support to their member of family. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. One member of staff told us, "The registered manager delivers the training. We have received a lot of training and it is really informative." Another staff member told us, "The training here is very good. The majority of the training has been delivered by the registered manager. It is the best training I have had. Everything is clearly explained and you don't feel stupid when you ask questions." The provider's staff training matrix was reviewed following our inspection and this confirmed what staff had told us.

The registered manager was able to tell us about the provider's arrangements for newly employed staff to receive an induction. The registered manager confirmed that this would include an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. The registered manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied. The Care Certificate was introduced in March 2015 and replaced the Skills for Care Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. Records showed that staff had received a robust induction and staff spoken with confirmed this. Additionally, the manager told us that opportunities were given to newly employed staff whereby they had the opportunity to shadow a more experienced member of staff for several shifts. Staff spoken with confirmed this.

Staff told us that they received good day-to-day support from work colleagues and formal supervision at regular intervals and an annual appraisal. They told us that supervision was used to help support them to improve their work practices. The majority of staff told us that they felt supported by the provider and the registered manager. Records confirmed what staff had told us.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had a good understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that where appropriate people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Appropriate applications had been made to the local authority for DoLS assessments.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what to wear, where they ate their meals and whether or not they participated in social activities.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "The food is very good." Another person told us, "The food is good. In fact sometimes there is too much." Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided.

Good

Is the service effective?

Staff had a good understanding of each person's nutritional needs and how these were to be met. We spoke with the service's chef and they were aware of people's specific dietary needs, such as, those people who were diabetic and the people who required their meals to be fortified as they were at risk of poor nutrition and hydration. People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's day-to-day dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to suitable healthcare professional services, for example, dietician or Speech and Language Therapy Team to ensure and maintain the person's health and wellbeing.

People told us that their healthcare needs were well managed. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. One relative confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. Completed questionnaires from healthcare professionals recorded positive comments about people's healthcare needs. These included, "Much improved service" and, "Improvements are clearly noted within many aspects of patient care as well as customer care."

Good

Is the service caring?

Our findings

People made positive comments about the quality of the care provided at the service. One person told us, “I have been here sometime. The staff are nice and I receive good care.” Another person told us, “It’s not like living in your own home but it is a nice home. I am happy with the care and support I receive. The staff are kind and caring. If I need anything you only have to ask.” A third person told us, “The staff are very nice and provide all the support I need.”

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming and calm. We saw that staff communicated well with people living at the service. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided.

Staff understood people’s care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. One relative told us, “The care here is good. The staff know the needs of [person’s name] well. The care here is so much better than at the last home.” People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal.

Staff asked people for their preferences throughout the day and ensured that these were met. One member of staff was noted to spend considerable time with one person so as to try and establish their drink preferences. The member of staff demonstrated time and a genuine interest in the person they were talking to by making good eye contact and by placing their hand on the person’s arm to provide comfort and reassurance. The member of staff was observed to not rush the person and to give them plenty of time to respond to their questions. This offered the person ‘time to talk’ and to have a chat. The outcome was that the person received a drink of their choosing.

Our observations showed that staff respected people’s privacy and dignity. We saw that staff knocked on people’s doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked and that suited their individual needs. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered ‘time to talk’, and a chance to voice any concerns or simply have a chat.

People were supported to maintain relationships with others. People’s relatives and those acting on their behalf visited at any time. The manager told us that people’s friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome.

Good

Is the service responsive?

Our findings

In general people's care plans included information relating to their specific care needs and how they were to be supported by staff. Staff told us that there were some people who could become anxious or distressed. Improvements were required to ensure that the care plans for these people considered the reasons for becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person required reviewing so that staff had the information required to support the person appropriately.

Care plans were reviewed at regular intervals and where a person's needs had changed the care plan had been updated to reflect the new information. Staff were made aware of changes in people's needs through handover meetings, discussions with the qualified nurses and the senior management team. Staff told us that they knew when to refer to another person for advice and support to ensure people received appropriate care. One member of staff told us, "We have handover meetings between every shift. These are important to make sure we have up-to-date information about our residents and know what is going on, particularly if you have not been at the home for several shifts." This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

The registered manager told us that relatives had the opportunity to contribute and be involved in their member of family's care and support. Where life histories were recorded, there was evidence to show that, where appropriate, these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

People told us that they were able to participate in social activities at the service. People suggested that the majority of activities provided were 'in house' with few opportunities for them to access the local community. We discussed this with the member of staff responsible for providing activities. They confirmed what people had told us was correct, however improvements were being made to enable people to access the local community more frequently. The member of staff told us that in recent weeks one person had been supported to undertake personal shopping and another person had attended a coffee morning. They also confirmed that it was planned for three people to go shopping and to enjoy tea and cake. Daily activity records showed that a range of 'in house' activities were provided for people to enjoy, such as, puzzles, sing-a-longs, playing dominoes, watching television and listening to music. People also had access to a newly implemented sensory area on the first floor and a small number of people were supported to enjoy this.

Information on how to make a complaint was available for people to access. People spoken with knew how to make a complaint and who to complain to. People and their relatives told us that if they had any worries or concerns they would discuss these with the management team and staff on duty. Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. A record was maintained of each complaint and included the details of the investigation and action taken.

Good

Is the service well-led?

Our findings

The service had a manager in post and they were formally registered with the Care Quality Commission. We were aware that the registered manager was also registered for another service and divided their time between both services, for example, the registered manager confirmed that on average two to three days were spent at Norman House. It was apparent that this arrangement did not have a negative impact on the day-to-day running of the service and to support the registered manager there was a deputy manager and additional senior members of staff. It was clear from our discussions with the registered manager and deputy manager and from our observations that they were clear about their roles and responsibilities. The provider confirmed that in time the deputy manager would be proposed as the manager of the service. The management team were able to demonstrate an awareness and understanding of our new approach to inspecting adult social care services and the fundamental standards, which was introduced in October 2014.

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits at regular intervals, for example, medication, health and safety, infection control and clinical audits relating to pressure ulcers and skin tears, falls and people's weight loss and gain.

People knew who the provider and members of the management team were. People received care from a self-assured and well supported staff team. Staff were clear about the provider's, registered manager's, and deputy manager's expectations of them and staff told us they received appropriate support from the provider and registered manager. Staff felt that the overall culture across the service was open and inclusive and that communication was good. One member of staff told us, "I feel able to question practice, positive or negative." Generally staff told us that they felt valued by the provider and registered manager. This meant that the provider promoted a positive culture that was person centred, open and inclusive.

People and those acting on their behalf had completed an annual satisfaction survey in August and September 2015. The results showed that of 19 surveys sent out 10 completed surveys were returned and these suggested that people were happy and satisfied with the overall quality of the service provided. Comments included, "I think all the staff are very friendly and do an excellent job" and, "The staff here do a very good job here looking after my relative. The staff are very friendly. My relative is well looked after." No areas for corrective action were recorded.

Staff meetings were held at regular intervals and gave the staff the opportunity to express their views and opinions on the quality of the service. Minutes of these meetings were available and confirmed the topics raised and discussed. Where actions had been highlighted, no action plan had been completed to evidence the service's accomplishments and the dates these were concluded. We discussed this with the registered manager and they provided an assurance that this would be addressed as a matter of priority.

The provider advised that encouragement to increase staff performance and to recognise good practice had been introduced in September 2015. The provider confirmed that to reward staff's efforts they were given vouchers from a well-known department store. For example, the chef was rewarded following the service being awarded a high food hygiene rating following an inspection by the Local Authority in June 2015. This is a rating given to services to check how well they are meeting the law in relation to cleanliness of the kitchen environment and how hygienically food is handled, prepared and cooked. The provider also advised that the person responsible for providing social activities at the service had also been rewarded for their efforts following their implementation of an improved activities programme.