

Chris Care Service (UK) Limited

Norfolk House Care Home

Inspection report

34 Norfolk Street
Springfield
Wigan
WN6 7BJ

Tel: 01942495777

Date of inspection visit:
05 September 2023
06 September 2023

Date of publication:
02 October 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Norfolk House Care Home is a care home providing personal care to older people, including people living with dementia. The service accommodates 18 people in a large, detached property with a mixture of single and double bedrooms. At the time of the inspection 15 people were using the service.

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

The registered manager fostered a culture of acceptance and respect. People receiving care interacted well with each other and staff. Feedback showed a 'family' approach to care and support was embedded within the service.

Staff were trained to recognise potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and reviewed by the registered manager. Staffing levels were safe. The provider managed medicines safely. Staff used personal protective equipment (PPE) appropriately when supporting people.

Staff had the skills and knowledge to deliver care effectively. People's needs were assessed and reviewed regularly. Healthy lifestyles were promoted, and systems were in place to make sure people's health needs were met. The building was designed to meet the needs of the people receiving care.

People told us staff were polite and always asked before providing care and support. Care plans were personalised and showed the care and support people wanted and needed. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately.

The provider ensured systems were in place to monitor the running of the service. Staff worked well in partnership with other agencies to deliver effective care. The registered manager audited care and support records, to assure themselves of quality. Lessons were learned when concerns were raised, and these outcomes were communicated to staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

This service was registered with us under a new provider on 5 September 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Norfolk House Care Home

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector, a medicines inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Norfolk House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Norfolk House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 5 September 2023 and ended on 6 September 2023. We visited the location on 5 September 2023.

What we did before the inspection

We sought feedback from the local authority and healthcare professionals who work with the service. We used this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager and 5 care staff. We spoke to 2 healthcare professionals who were visiting the location at the time of the inspection.

We spoke with 9 people receiving care and 7 relatives. We reviewed 3 people's care records, including the administration of medicines. We reviewed records and audits relating to the management of the service, including infection control, care plans, and risk assessments.

We asked the registered manager to send us documents after the onsite inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- The provider had processes in place to protect people from the risk of abuse.
- The registered manager acted in a timely manner to address concerns and allegations of abuse and took action to make sure people were safe.
- Staff had completed safeguarding training and were confident about raising concerns.
- Lessons learned were shared with staff to reduce the risk of issues reoccurring and to improve the quality of care provided.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed appropriately by the registered manager.
- The provider had systems and processes in place to identify risks associated with people's care and support needs and actions were in place to reduce risks occurring.
- The provider carried out regular health and safety checks, including fire safety, to ensure the building was safe.
- The registered manager regularly carried out audits to monitor the safety and quality of the care people received.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe.
- The registered manager looked at people's individual needs to determine how many staff were needed on shift per day to keep people safe. At the time of our inspection, staffing levels and skill mixes matched those required to meet people's needs and keep them safe.
- The provider had robust recruitment processes in place. Recent recruitment records showed staff had been recruited safely with appropriate checks and a formal induction process.

Using medicines safely

- The service had systems and processes in place for the safe storage, administration, and use of medicines. People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff were trained and assessed as competent to manage medicines.
- For medicines to be administered 'when required' (PRN), person centred protocols were in place. These provided staff enough information to administer them appropriately.
- Thickening powder used to thicken fluids to stop aspiration and choking was stored and recorded correctly.
- The time a medicine was administered was documented for time sensitive medicines such as

paracetamol, so we could be assured that the safe 4-hour time interval between doses had been observed.

- There was a system in place for the recording of application of topical medicines such as creams and we found these were completed accurately.
- We found on the day of the inspection that there were no risk assessments in place for the use of emollient creams. After the inspection we received information from the manager that this had been put into place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager ensured assessments had been completed prior to people moving into the service; care plans reflected a good understanding of how to care for people and meet their current needs.
- Care plans were personalised and reflected people's needs and aspirations. People, those important to them and staff reviewed plans regularly together. People told us they were regularly involved in their care and the staff would not change anything without informing them first.
- Staff asked people who used the service for important information about their likes, dislikes, and life history so these could be included in care plans.

Staff support: induction, training, skills and experience

- The provider had clear procedures in place for team working and peer support which promoted good quality care and support.
- The registered manager ensured staff received a comprehensive induction, ongoing training, and regular opportunities to discuss their work, training, and development needs.
- Staff had access to additional training to support them in their role. Staff told us they had completed specific training courses to meet the needs of the people receiving care.
- Relatives felt staff had the skills and training to meet people's needs. One relative told us, "[My relative] can be lucid and chatty but sometimes can be less cognitive, not as alert as usual. Staff support her admirably."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff ensured people were encouraged to make healthy lifestyle choices. The registered manager ensured people were referred to healthcare professionals to support their wellbeing and help them to live healthy lives where needed.
- The provider ensured people's care plans included information about their needs regarding fluids and nutrition. Staff could access these notes, and this assisted in providing effective and timely care.
- The registered manager recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- Staff were knowledgeable about people's needs and preferences. People were asked what meals they would like to see on the menu.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked closely with a range of professionals and partner agencies, to ensure people received effective care and support.
- People were registered with a GP and received care and support from other professionals, such as district nurses and physiotherapists.
- Care records showed advice given by healthcare professionals was acted upon, and staff were prompt in raising concerns or issues.
- Staff provided care and support to people to maintain their oral health needs where this was identified as a need; this was recorded in care plans.

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

- The service was adapted, designed, and decorated to enable people to have as much independence and personal freedom as possible.
- Bedrooms and communal areas were well furnished, spacious, bright, well decorated and equipped with aids and adaptations appropriate to people's needs.
- People were supported to access an outside garden, providing a safe relaxing space for people to use, which we observed in practice.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was acting within the legal framework of the MCA. Where people lacked capacity to make decisions, best interest processes were followed.
- Appropriate DoLS applications had been made by the registered manager where the service suspected people were being deprived of their liberty. These were reviewed and re-applied for within required time frames.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People were treated well and respected and staff had a caring approach towards them. It was clear people had very positive relationships with staff. People told us they were happy with their care and support.
- The registered manager was confident in supporting equality and diversity. Staff received equality training and were able to support people's religious and cultural beliefs.
- People were offered appropriate, support and encouragement. For example, we saw when a person was upset staff listened to them and were attentive to what the person was telling them. Staff offered reassurance and supported the person to find a resolution.
- Relatives felt the staff were caring and respectful. One relative told us, "It starts with the [registered] manager; they are so good and hands on. The [registered] manager supports the staff, and that [culture] percolates to the staff, it is a very caring home."

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

- The registered manager supported people, and where appropriate their relatives, to take part in decisions about their care and the running of the service. Committee meetings and forums were held on a regular basis where people had the opportunity to discuss their views and feedback.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example, due to cultural or religious preferences.
- The provider ensured care plans identified those appointed to support people to express their views and be represented in making decisions about their care. Arrangements were made for people to be represented by an independent advocate where this was needed.
- Relatives told us they were involved in care planning, with their loved ones. One relative said, "Staff seem happy and welcoming, and they know [my relative]. Some of the staff are unbelievably good; you feel they really know [my relative] and are friendly. I get pictures of activities or if they are in the garden every couple of weeks."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- Staff respected people's personal space, they knocked on bedroom doors and introduced themselves before entering. On entering rooms staff greeted people and enquired about their comfort and wellbeing.
- People's personal information was treated in confidence. Records about people were kept securely and accessed only by authorised staff and others on a 'need-to-know' basis. Discussions of a personal nature with and about people were held in private.

- Relatives said staff practices supported people's dignity and independence. One relative told us, "I can't believe how good it is; it could not be better. The building wasn't purpose built but it is the care that counts, not the surroundings. I was so worried about [my relative] before they went to Norfolk House, but now it's a weight off my mind."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager fostered a personalised approach to planning people's care.
- Care plans were developed by the provider, with the person receiving care and their relatives where appropriate, at the centre of the process. People's choices and preferences on how they wanted their care to be provided was central to the care planning process.
- Staff ensured daily records were maintained for each person, showing they received the agreed care to meet their needs.
- People felt safe and told us staff were person-centred and respectful. One person said, "I am very happy to be here; I really like it. The staff are excellent, they are very kind. I am amazed at how helpful staff are; I have watched them with other residents, and they are so patient."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the AIS and explained how people were supported to access information in a way they understood.
- Information about people's communication needs were identified by staff within their care plans. People were supported with visual aids such as pictures and had access audiology and opticians to support their needs where appropriate.
- The provider ensured information could be provided in alternative formats should this be required. For example, activity programmes and menus were available in pictorial form.

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

- The registered manager ensured people were supported to follow their interests and to develop and maintain important relationships.
- People's relatives were made to feel welcome by staff when visiting; they were offered refreshments and spent as much time as they wished with their relative. Relatives were invited to join in seasonal events and celebrations held at the service.
- People were offered a range of activities and opportunities to socialise by staff. Staff ensured adjustments

were made so people could participate in the activities they wanted to. People were encouraged to build friendships with each other. One person told us, "I sit with some of the other residents, and I've made some good friends; we have a great little group going and we all get on well."

Improving care quality in response to complaints or concerns

- The provider had a framework in place to support people, and those important to them, to provide feedback and to raise concerns and complaints easily.
- The registered manager treated all concerns and complaints seriously. Complaints were investigated and learned lessons from the results, sharing the learning with the whole team.
- Relatives said they felt confident the provider would act on their concerns.

End of life care and support

- The provider had processes in place to support people with end-of-life decisions.
- Staff knew how to care for and support people, and how to access the appropriate healthcare professionals to ensure end of life needs were met.
- At the time of our inspection there were no people receiving support who were at the end of their life. However, the service had received the 'Residents and Family Award' for end-of-life care from the local hospice for the last 2 years running, in recognition of the caring and compassionate approach of staff supporting people and their families at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager fostered a person-centred culture of respect and inclusivity.
- People receiving care and support interacted positively with each other and staff. Staff knew the people receiving care and knew how to support them effectively.
- The provider engaged with people about their care and support needs and worked in partnership with others including people's relatives, staff members and healthcare professionals.
- Relatives felt the registered manager and staff were approachable and engaging. One relative told us, "The service is well managed. Records are good. The registered manager is unbelievable; patient with the residents and knows them well. Staff are told that this is people's home, and they treat them like their own parents."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and staff fully understood their legal responsibilities around duty of candour.
- The provider had systems and processes to regularly review concerns, with any required improvements implemented in a timely way. For example, the registered manager had recently worked with healthcare professionals to improve the recording of medicines given 'when required'. This had reduced the use of these medicines and enabled staff to support people in more person-centred ways.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The provider had a system in place to ensure regular audits were taking place to monitor and improve the quality and safety within the service. This enabled the registered manager to see where improvements were required and assure themselves, they were compliant with the regulations.
- The registered manager was clear about their role and responsibilities. Staff spoke very positively about the registered manager. One staff member said, "They [registered manager], are wonderful; very approachable and if there is anything we need or any concerns, they are very supportive."
- The registered manager raised any relevant concerns with the local authority and CQC where appropriate and we saw evidence of audits of people's specific needs such as falls, fluid and nutrition, and skin care records.
- Healthcare professionals told us the registered manager was very responsive.

- Relatives told us the service was well managed. One relative said, "I am happy with the service. The standard of care is good and that is the main thing, and the food is good. Staff do things to try and stimulate residents. It's a bit limited for space, but the care, attention and oversight are exemplary."