Short Ground Limited

Norcott Lodge

Inspection report

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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

Summary of findings

Overall summary

Norcott Lodge is a residential care home for nine people living with a range of complex needs. There are seven en-suite bedrooms with shared access to a kitchen and two dining and lounge areas, as well as two self-contained flats with their own kitchen, dining and lounge areas. People have the opportunity to live within small, personalised accommodation with the support of staff. There were nine people living at the home at the time of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

On the day of our inspection a registered manager was in place. 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.

People were safe and relatives verified this. Safeguarding procedures were in place and staff knew what to do if safeguarding concerns were identified.

Assessments identifying risks to people and management plans to reduce those risks were in place to ensure people's safety.

There were sufficient staffing levels to meet people's needs and provide a flexible service.

Staff had received the training they required for their job to enable them to meet people's needs and were receiving regular supervisions.

Systems were in place to assess, monitor and improve the quality of the service and areas for improvement were identified during internal audits and actions taken.

People's medicines were managed safely.

The provider was compliant with the Mental Capacity Act 2015, people had decision specific mental capacity assessments and best interest decisions were routinely completed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were provided with personalised care and support. People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's communication needs were assessed and staff adapted their communication to better meet people's needs.

People's food and fluid was monitored to ensure they ate a diet which met their individual dietary needs. People were supported to access healthcare services to maintain their health and wellbeing.

People and their relatives told us staff were kind and caring and people's privacy and dignity was respected by staff.

Staff told us they felt supported by the management team and the team communicated regularly and effectively. People, relatives and staff had confidence in the leadership of the service.

People lived in a service which had been adapted to meet their needs and was focussed on providing high quality care that improved the wellbeing and independence of people living in the home. The service worked in partnership with other agencies to support care provision.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Norcott Lodge

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 was a planned comprehensive inspection.

This inspection took place on 21 November 2018 and was unannounced. The inspection team comprised one adult social care inspector and one expert 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. On 22 November 2018 we spoke to staff members and relatives over the telephone.

Before our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered manager is required to tell us about. We contacted commissioners of the service, the local authority safeguarding team and Healthwatch to find whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to assist the planning of our inspection and inform our judgements about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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 two people who lived at the home and two of their relatives. We spoke with the registered manager, the deputy manager, the unit manager and the regional manager. We also spoke with five support workers and two team leaders. We looked around the building and saw the communal lounges, dining rooms, kitchens, bathrooms and activity rooms. People showed us their bedrooms. We spent time observing care in the communal lounges and dining areas to help us understand the experience of people using the service who could not express their views to us.

We reviewed a range of records, which included three people's care files in detail. We also inspected four staff members' recruitment and supervision documents, staff training records and other records relating to the management and governance of the home.

Good

Is the service safe?

Our findings

Relatives told us people living at Norcott Lodge were safe. A relative said, "I always ask [name of person] whether [they] like living at Norcott Lodge, [they] always emphatically say 'yes'." Another relative said, "I'm aware of how to raise any concerns, I've not had any concerns. Any issues they always ring me." One person told us they did not feel safe, because staff did not always support them with their wishes. We checked their records and found this was to ensure the health and safety of other people living at the home. They also told us they wanted to go home. Records showed this person was subject to a Deprivation of Liberty Safeguards (DoLS) which recorded these views and showed they did not have capacity to consent to their care.

The systems, processes and practices at Norcott Lodge protected people from abuse. Staff confirmed they received safeguarding training, one staff member said, "We are safeguard trained." Staff received annual safeguarding training. Staff described the safeguarding process, "I would report to manager…manager would then speak to safeguarding…look through reports, talk to staff, witness statements are taken and an investigation starts." Whistleblowing posters to encourage staff to report potential abuse were on display.

People's finances were closely managed. Two staff members completed a daily count of each person's money and signed to say this was complete. Money was kept locked in a safe and people were able to ask for what money they wanted. An audit of all the petty cash took place each week, using income and expenditure sheets for each person.

Risks to people were assessed and monitored to support their freedom whilst ensuring their safety. We asked a relative whether they felt people's independence was promoted and they said, "Yes." People were kept safe by detailed individualised risk assessments for each aspect of their daily lives and the environment. These were updated monthly. Personal emergency evacuation plans described each person's disability, and included their communication needs and understanding of evacuation procedures, as well as how many staff were needed to support them. Staff explained emergency procedures; one staff member listed, "Fire evacuation plans, emergency accommodation."

To ensure the home was safe records showed regular tests of the home's environment took place, such as water temperature checks. Regular fire drills also took place. Staff described the maintenance procedures explaining how they wrote issues for concern in a maintenance book so premises staff knew what to action. These were checked by the manager. We found the weekly test of the fire alarm recorded this had not sounded in the corridor for several weeks. We discussed this with the registered manager who told us this would be dealt with during their monthly premises audit.

We found there were sufficient numbers of suitable staff to provide safe support to people. A relative told us, "[Person's name] gets one to one support. Yes, enough staffing, [they] are able to go out." On the day of our inspection there were thirteen staff to support nine people living at the home. Some of these people received one-to-one support. In addition, the service had a unit manager responsible for running Norcott Lodge as well as a registered manager and deputy manager who worked across Norcott Lodge and its sister home (on the same site). A staff member said, "Good at minute as fully staffed. Agency not used any more."

Another staff member said, "Yes, definitely. Always enough staff, staff always with [people], making sure they get the care they need."

Staffing rotas were produced by the unit manager based on people's needs, their current risks, and the skills and experience of staff. Just prior to our inspection, following consultation with staff, the service had changed shift patterns. Managers told us this had been positive for people as there was no change of staff in the middle of the day, meaning people had a better consistency of care and supported a regular routine. A relative told us, "I know they've changed shift pattern, think this is far better, think regular staff are better for [person's name], [they] like [their] routine." Staff also reported this was positive with one staff member saying, "Changed shift patterns recently…very good."

People received their medication safely and securely. Staff responsible for administering medication had their competency checked every year. A staff member said, "Competency training? You have a booklet for this training. Lots of questions in a booklet. Deputy manager marks booklet to watch administration [and] passes or fails." Staff followed best practice guidance when administering medicines. People who received topical creams had these recorded on a body map.

Records contained detailed and specific information to ensure staff were able to keep people safe when administering their medications. Each person had a medication which included their allergies, why the medication had been prescribed, side effects, the effects if the medication was not taken, and the effects in the event of an overdose.

Temperatures in the medication room were checked twice daily. During previous months the temperature had been higher than recommended and the home had noted the use of ice packs to ensure the temperature was lowered. Since this episode an air conditioning unit had been purchased to ensure medication was kept at the recommended temperature.

People were protected by the prevention and control of infection. Staff used personal protective equipment when supporting people with personal cares, supporting them to eat and prepare food, and administering medicines. A staff member said, "Follow procedure: washing hands, gloves." A cleaning rota was used, and this was checked by the unit manager.

Accidents and incidents had been recorded and managed appropriately. These were each stored in a designated file. Each accident had been reviewed and follow-up actions identified. Each person also had a separate accident and incident file. This enabled managers to consider the individual risks and mitigation actions for that person. Managers were fully aware of these incidents and explained how each person's care plan was updated and staff debriefed on changes.

The home had effective systems in place to ensure the premises and equipment was fit for purpose. Gas and electricity safety certificates were in place and up to date and fire equipment had been serviced in line with legislation.

Good

Is the service effective?

Our findings

People's care and support needs and their individual choices supported effective outcomes. People's needs were assessed before they moved to live at Norcott Lodge and outcomes for their care agreed and recorded. These were reviewed on a regular basis. Records showed people and their relatives were involved in these. A relative said, "Do I have input? If I feel [person's name] could something then I suggest this to them." Another relative said, "I'm invited to appointments."

The regional manager explained how they received CQC updates and the provider's quality lead informed and updated managers on current legislation and best practice. The service held monthly regional manager meetings, which staff also attended, to share knowledge and experience across the service.

Staff were knowledgeable about people living at the home and were trained to support people's care and support needs. Staff were knowledgeable about managing behaviour that challenges, explaining how their training focused on trying to prevent incidents and positively re-directing people in the least restrictive way. A staff member told us about the training they had received, "I had an induction…two-days to read care plans. Autism training, mental health training, two weeks training on safeguarding, food hygiene, MAPA (management of actual or potential aggression) training, health and safety and also infection control." Staff received Mental Capacity Act training on an annual basis.

General competency of staff was undertaken through observations by team leaders on daily basis and discussed at supervisions, which staff received every three months. The registered manager explained the home did not provide yearly appraisals because their supervision discussions included training needs and performance.

People were supported to eat and drink enough to maintain a balanced diet. Information about the food and fluid people had consumed was recorded in their daily records and in a separate 'Food and Drink' record so intake could be monitored. These documents tallied so showed accurate recording. A monthly weight chart was kept in the team leaders' office. One person had been identified as nutritionally at risk and medical advice had been sought with iron tables being prescribed. Staff were knowledgeable about this person's risk.
Some people required a Halal diet and the home had provided a separate kitchen so this food was prepared and cooked appropriately. A staff member expressed concern about staff's ability to cook and prepare food. They told us, "Not everyone can cook. No choice it is a weekly menu. Staff members some can cook some cannot. I have to stop supporting residents and cook. Always sausages and mash." We also found people's food likes and dislikes weren't always recorded. We discussed this with the registered manager who agreed to consider staff cooking skills and told us new care plans ensured a better recording of people's food preferences.

To deliver effective care and support the home had systems in place to support staff communication across the organisation. A staff member explained, "We all work as a team…We have a communications book for staff, a monthly well-being meeting with [people's] key worker." In addition, a whiteboard was kept in the

medication room to provide information to support staff handover, a fire officers register ensured staff knew who the fire marshal was each day, and staff read the detailed daily notes in people's records.

People were supported to access healthcare services and records showed staff worked closely with health professionals, such as GPs and intensive support teams, to ensure people received ongoing healthcare support. A staff member told us, "We work with outside organisations, doctors, hospitals…advocates. For hospitals there is a traffic light system [which] is kept in the office." The service had its own speech and language therapist who had visited to make recommendation about how communication with individuals could be enhanced.

People's individual needs were supported by adaptations in the home, such as different types of seating, bean bags and sensory lighting. The home had also developed a sensory room after consideration of people's support needs. Noticeboards with pictures and photos of activities were displayed throughout the home, including a 'you said, we did' section explaining what people had asked for, for example, another television in one of the lounges and that the home had provided this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that it was.

All of the people living at Norcott Lodge were subject to a DoLS and records showed the home had assessed the mental capacity of each of the people living at the home and had made these applications appropriately. In one instance the legal authority attached conditions to the DoLS to ensure the person's GP was informed of any changes. Records showed the home had done this.

To protect people's choice and support their safety care plans contained mental capacity assessments for different aspects of people's lives, for example, their ability to choose what outdoor clothing to wear when going outside. Care plans showed that people, their relatives and other professionals had been involved in these assessments. Daily records described how staff assessed people's capacity daily promoting people's independence of choice. A staff member described how they supported people to choose, "[We use] PECS (picture exchange communication system) cards for people who are non-verbal and show these, for example, a walk, a bus, a train. They pick."

Good

Is the service caring?

Our findings

Staff's interactions with people were caring and kind. A staff member described how people are supported to maintain their privacy and dignity, they told us, "Treat [people] how you'd want to be treated, close the door, support them…Little bits, might be getting milk out to make a coffee." We observed a person preparing to go on a shopping trip and a staff member asked them how much money they wanted. The person replied, "All of it!" The staff member gently encouraged the person to consider how much they needed and supported them to make an informed decision. Another staff member told us, "I enjoy working here… Making a change in their life and seeing [people] happy."

People's care plans detailed how people should receive emotional support. For example, one person's care plan said staff should give positive feedback to support their confidence and we observed a staff member say to this person, "You look smart."

People were supported to express their views by staff, for example, each person had been supported to complete a survey about living at Norcott Lodge. In some instances, people's decision-making had been supported by relatives or an advocate. Family involvement was detailed in people's care plans and this included how communication should take place, for example, whether there was a weekly or daily phone call, which day, what time. A staff member told us, "It's important [for people] to say what they want to do… [Person's name] uses Makaton to say what [they] want."

The service promoted people's independence. People were supported to attend 'Project' where they could achieve an accredited education. People were also supported to apply for jobs at 'Project' where they received payment on a daily basis. One person was supported to maintain a voluntary job.

Staff described how they kept people's records secure. A staff member told us, "All files are confidential and locked away."

Good

Is the service responsive?

Our findings

A relative told us, "Nice to meet staff all the staff and I'm able to give them background information [about person] and [person's name] enjoys this and telling staff about them…I have read [their] care plans, I'm involved in [their] care."

People received personalised care responsive to their needs. People's care and support needs were recorded during an initial assessment, where funding from the appropriate authority was jointly agreed along with personalised outcomes. Each person's progression was reviewed against these outcomes. A staff member said, "We read all care plans [and] sign every year." This ensured staff were up to date with people's needs.

People were supported to plan their daily activities in an activity planner and daily notes recorded these took place. Some activities, for example, a relative's birthday were planned in advance so people could be supported to buy or make a card and gift. For people who did not prefer a routine, daily notes recorded where people had changed their mind and been supported with alternative activities. People were supported to attend regular religious services where this was important to them.

Care plans were detailed and ensured people were suitably supported. The registered manager explained the service was in the process of changing how care plans were written. They told us the care plans had reduced in size and removed some duplication but maintained the same level of detail to ensure people were supported accurately. At the time of our inspection two people's care plans had been changed to the new format.

Each person had a 'positive behaviour plan' to ensure staff know how to support each person. This contained information such as, 'how to get it right in the beginning' and a colour coded-behaviour escalation chart.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. People's communication needs were assessed and information provided to people in a suitable format such as easy read.

People were supported to make their own choices. The registered manager explained how one person had an advocate. This person had requested to go abroad to visit their parent and the advocate had supported the person in these discussions.

The service has a complaints policy and relatives we spoke to were aware of this. There had not been any complaints in the previous 12 months.

No one living at Norcott Lodge was receiving end of life care. The registered manager told us care plans did

not currently include this information as people's relatives had not wanted to discuss this.

Good

Is the service well-led?

Our findings

The provider of the service changed in April 2018. The registered manager told us it had been a "transitional year" and they had worked on "getting the balance right" between the two homes. They described the service focus on sharing best practice, for example, from inspections at other homes and learning from these. The registered manager said about the changes, "It's a larger company with smoother processes, regional manager visits once per week, speak on a regular basis, changes communicated definitely."

Relatives and staff were positive about the management of the home. A relative said, "There have been some changes with the management and the provider, seems more settled now." A staff member told us, "I do not know the values of the organisation. Culture of service is good, feel listened to, management are approachable...Yes, I enjoy working here, everything's good. See managers everyday." Another staff member said, "[I'm] supported by manager, very supportive."

Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

The provider had a robust system in place which outlined manager responsibilities and managers followed a schedule of regular quality audits to manage and monitor performance and risks within the service. The unit manager produced a weekly risk report, which analyses behaviours, accidents and incidents. This is sent to the provider each week and findings discussed at the provider board.

The provider had a system of peer audits, completed by managers from other homes. These were undertaken by more than one manager and provided a different perspective about how the home was managed. The registered manager explained this helped the service to remain unbiased and receive constructive criticism.

People were involved in how the service was run. They had regular meetings to discuss things they'd like to change about the home or to make suggestions. The provider's response to these suggestions was documented so people could be confident action was taken. People and relatives confirmed they received regular surveys asking them their views on Norcott Lodge. Staff attended team meetings every two months. A staff member said, "Staff are able to raise [things] at team meetings, they do their best to solve it." The same meeting agenda took place twice to ensure staff on different shift patterns could attend. Team leaders met every month.

As a result of discussions staff told us about some of the recent improvements such as debriefs taking place as soon as possible after incidents, to support staff and keep people safe, considering lessons learnt and developing a reflective practice. A staff member said, "Improved now as files are organised, archived old files. Decoration is slowly getting done, it is homely." The registered manager explained about the internal

awards scheme which supported staff to progress and improve.

The service encourages people to access the community and maintain links with different organisations, such as supporting people to undertake voluntary work. People also visit local amenities such as shops, cafés, parks, churches and temples. The local intensive support team regularly visits some of the people living at the home.