

Mr David Lewis & Mr Robert Hebbes

# Normanhurst EMI Home

## Inspection report

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## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 14 and 17 August 2017 and was unannounced. There were 12 people living at Normanhurst EMI Home when we inspected. People cared for were all older people who lived with a dementia type illness. They were people living with a range of care needs, including arthritis, Parkinson's disease and heart conditions. People needed support with most of their personal care, nutritional care and mobility needs. The home also provides end of life care and short stay respite care when required.

Normanhurst EMI Home had accommodation provided over three floors. A passenger lift was available to support people in getting between each floor. A lounge and separate dining room were provided on the ground floor and there was a wheelchair accessible patio and garden. The home was situated near the sea-front in Bexhill on Sea

The service had a registered manager. 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. The providers for the service were Mr David Lewis and Mr Robert Hebbes. They also owned Normanhurst Care Home and Normanhurst Nursing Home.

Normanhurst EMI Home was last inspected in June 2016 where the overall rating for this service was Requires Improvement. Two breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. This was because audits of service provision had not identified a range of areas that needed to be improved. This included a lack of systems to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) were being consistently followed and ensuring staff were aware of their responsibilities. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by August 2017.

This inspection on 14 and 17 August 2017 was to see if improvements had been made and the breaches of regulation made. We found that significant improvements had been made and the breaches of regulation met. However, we identified areas that required improvement and that needed to be further developed and embedded into practice.

This inspection found that mental capacity assessments were completed in line with legal requirements. Staff had received training in the mental capacity act and further training was being undertaken. Reference to people's mental capacity recorded the steps taken to reach a decision about a person's capacity. However, there were some areas of practice that were undertaken automatically to keep them safe without discussion or a rationale documented. This included the use of covert (hidden) sensor mats in bedrooms and some corridors and no call bell facility available to people when in their bedroom.

The provider had not correctly displayed their CQC rating on their website and the information on the website was misleading. This was immediately rectified during the inspection process.

We recommend that the provider ensures that they understand all legislation in respect of providing care and treatment.

Since the last inspection systems and processes to assess and monitor the quality of the service to drive improvement had been developed. However, further development was required in certain areas to ensure that risk was mitigated and people's health and well-being was protected. This was in respect of infection control measures and the monitoring of unexplained bruising.

At the last inspection improvements were needed to the meal service. This inspection found people were supported to eat and drink in a safe and dignified manner. The meal delivery ensured people's nutritional and hydration needs had been met and offered a wide range of choice and variety of nutritious food.

Improvements were needed in respect of the recruitment processes and this inspection found that pre-employment checks for staff were completed, which meant only suitable staff were working in the home. People said they felt comfortable and at ease with staff and relatives felt people were safe. Deprivation of Liberty Safeguards had been requested for those that required them. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the MCA 2005 and DoLS.

Risk assessments that guided staff to promote people's comfort, nutrition, skin integrity and the prevention of pressure damage were in place and accurate. There were behavioural management plans in place for those people who lived with behaviours that were challenging. Equipment used to prevent pressure damage was set correctly and people identified at risk from pressure damage had the necessary equipment in place to prevent skin damage.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles.

People were protected against the risks of unsafe medicines management. The staff were following current and relevant medicines guidance.

Staffing deployment ensured people received the support required and their health and social needs were met. There was an on-going training programme that included essential training such as safeguarding and service specific training such as dementia care. There were arrangements for the supervision and appraisal of staff. Staff supervision took place to discuss specific concerns. Staff confirmed that they had regular supervision and yearly appraisals. People we spoke with were complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff were respectful to people and there was plenty of chat and laughter heard.

The home was clean and well presented. Risks associated with the cleanliness of the environment and equipment had been identified and managed effectively. Emergency procedures were in place in the event of fire or evacuation.

People had access to appropriate healthcare professionals. Staff told us how they would contact the GP if they had concerns about people's health.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse. They said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the registered manager was always available and, they would be happy to talk to them if they had any concerns.

We recommend that the service seeks advice from a reputable source to ensure that staff use the appropriate equipment for people with variable mobility to ensure their safety.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Normanhurst EMI Care Home was not consistently safe. People were not always protected by safe moving and handling procedures and there was a lack of documentation and follow up of unexplained bruising.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment policies and procedures were in place.

**Requires Improvement** ●

### Is the service effective?

The Normanhurst EMI Care Home was not consistently effective. Whilst meeting the breaches of regulation previously in breach there were still areas to develop and embed in to everyday practice.

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). However some care practices required a clear rationale for the decisions made on behalf of some people.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs. They had regular supervisions with their registered manager, and formal personal development plans, such as annual appraisals.

People were able to make decisions about what they wanted to

**Requires Improvement** ●

eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

### Is the service caring?

Good ●

Normanhurst EMI Care Home was caring. Staff communicated clearly with people in a caring and supportive manner and it was evident that they knew people well and had good relationships with them. We observed that people were treated with respect and dignity.

Care plans were personal to each person and included detailed information about the things that were most important to the individual and how they wanted staff to support them.

Staff were seen to interact positively with people throughout our inspection. It was clear staff had built a rapport with people and they responded well to this

### Is the service responsive?

Good ●

Normanhurst Care Home was not consistently responsive. Whilst meeting the legal requirements that were previously in breach, there were areas that required further development.

### Is the service well-led?

Requires Improvement ●

Normanhurst EMI Home was well-led. However we found that whilst meeting the legal requirements that were previously in breach, there were areas that need to be progressed to ensure that improvements were sustained. This included the recruitment and retention of trained staff.

Feedback was sought from people, and staff and residents meetings were now held on a regular basis.

A registered manager was in post. There was a strong management team in place.

Staff spoke positively of the culture and vision of the home.

A robust quality assurance framework was now in place and communication within the home had significantly improved□

# Normanhurst EMI 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.

The inspection took place on 14 and 17 August 2017. The inspection was undertaken by three inspectors.

Before our inspection we reviewed the information we held about the home, including previous inspection reports, action plans and the provider's information return (PIR). We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and visited people in their rooms. We spoke with people and staff, and observed how people were supported during their lunch. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the afternoon in the main communal area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records, including five people's care records, five staff files and other records relating to the management of the home, such as complaints and accident / incident recording, medicine administration records and audit documentation.

We spoke with 4 people who lived at the service, three relatives, four care staff, the auditor, the maintenance person and the registered manager.

We 'pathway tracked' five of the people who lived at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture

information about a sample of people receiving care.



# Is the service safe?

## Our findings

People told us they felt safe living at Normanhurst EMI Home. Comments from people included, "I feel I'm safe" and, "I get all the help I need." Another person told us, "The staff make sure I'm safe and well." A visitor told us, "The security of the place is very good, and the staff seem very competent." Not everybody could tell us how they felt, so we observed how people responded to staff and spent their time during the inspection. People were comfortable with staff and responded with smiles.

We found that the required improvements identified at our inspection in June 2016 had been made to ensure that people's safety was promoted. However, we found other areas that required improvement to ensure people's health and safety.

People were not always protected by safe moving and handling procedures. One person was being supported by two staff and a walking frame from their chair in the lounge to go to the dining room. It was not a successful manoeuvre as it placed the person at risk. The staff were holding the person up inappropriately until a senior staff member intervened and got a wheelchair for the person. The person's mobility care plan stated a wheelchair was to be by the person's side whilst walking, but this hadn't happened nor was a handling belt available. (A handling belt can be used so as staff do not grab the person if their mobility fails).

We recommend that the service seeks advice from a reputable source to ensure that staff use the appropriate equipment for people with variable mobility.

Some people had records of more than one incident of bruising. However, as discussed there was a lack of follow up of the reason for the bruising. Staff had documented the bruising but not explored the possible cause, such as adverse effect of medicines, poor moving and handling techniques or illness. This was an area that required improvement.

The last inspection identified that improvements were required in how staff evidenced the monitoring of people's health following a fall. It was confirmed by records and the registered manager, that when people fell, there was now a system for monitoring and reviewing their condition consistently after their accident for up to 72 hours. This meant that staff could adapt their support for the person until their confidence and health returned.

Since the last inspection people's personal emergency evacuation plan (PEEPs) had been developed. They included the factors which could place them at risk. Such as whether they were living with memory loss or anxiety, or if they had a disability such as difficulties with vision and hearing, all of which could affect them if they needed to be evacuated in an emergency. The PEEPs were dated to ensure they were regularly reviewed over time and as people's conditions changed

At the last inspection recruitment processes needed to be improved. This inspection found people were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, health questionnaire, references and a full employment history. Each member of staff had a

disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken and staff completed these using an interview proforma.

At this inspection we found as far as possible people were protected from the risk of abuse or harm. Staff had completed adult safeguarding training within the last year or were booked to attend. They had an understanding of protecting people from abuse and identified the correct safeguarding procedures should they suspect abuse. One said, "If I had any concerns I would intervene straight away and would report it to the nurse or the manager" and, "I know I can contact the local authority if I have any concerns." Staff told us they had read the whistleblowing policy and, "We can talk to the manager at any time if we have any worries, which is good and I am sure problems would get sorted out." People, relatives and staff said they had not seen anything they were concerned about.

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. Care plans guided staff how to meet people's needs in a safe way. For example, how to manage their nutritional needs and whether they were at risk of malnutrition or had a swallowing problem.

Medicines were stored, administered, recorded and disposed of safely. Storage facilities throughout the service were appropriate and well managed. For example, medicine cupboards were locked and the drug trolley was secured to the wall when not in use. The temperature of areas where medicines were stored were monitored to ensure medicines were not harmed before use. Staff were vigilant in locking the trolley when they were talking or giving medicines to people. We observed medicines being given at lunchtime and staff followed best practice guidelines. For example, medicines were administered individually using pots to dispense, waiting for the medicine to be taken and then recording on the Medicine Administration Record (MAR) chart. All medicines were administered by staff who had completed additional training and had undergone a competency assessment.

Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain PRN guidelines were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. Variable dose medicines were also administered appropriately. For example, some people had health needs which required varying doses of medicine related to specific blood test results. We found medicines were given in accordance with any changing requirements. No one at this time was receiving medicines covertly, but there was an organisational policy should this become a need.

The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation. Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. First aid equipment was available and staff had undertaken appropriate training. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been completed.

The service was clean and health and safety maintenance was in place. Systems to report and deal with any maintenance or safety issue was effective. One visitor talked about the cleanliness of the home and said, "Spic and span." Comments from staff included, "We have a great team of cleaners" and, "There are never any nasty smells, it smells fresh and clean."

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff told us there were enough staff to respond to their needs. They also said, "When people are poorly, we try to sit with people as much as possible, especially if they have no family." The staffing levels during the day were one senior and three health care assistants. At night there were two staff. There was additional staff in the home to respond to domestic, catering, entertainment, administration duties. The manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs. We found the staffing arrangements ensured people had their individual needs attended to.

# Is the service effective?

## Our findings

At our inspection in June and July 2016, we found systems to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) were not being consistently followed. We also found improvements were needed to improve the environment for people and further staff training was required to ensure staff could support people effectively.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by August 2017. We found improvements had been made, the provider was now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However as discussed during the inspection there were some everyday practices that needed the support of a clear rationale and best interest discussion.

Since the last inspection staff had received further training about the principles of the Mental Capacity Act 2005 (MCA). Staff told us most people would be able to consent to basic care and treatment, such as washing and dressing. The MCA states that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found that the reference to people's mental capacity now recorded the steps taken to reach a decision about a person's capacity. However there were some areas of practice that were undertaken automatically without discussion or a rationale documented. This included the use of covert (hidden) sensor mats in bedrooms and some corridors. The registered manager explained why these were used but had not recorded the steps taken to make this decision or document that the call bell facility had been removed. The sensor mats had replaced call bells. This told us mental capacity assessments whilst undertaken were not always decision specific and were not recorded in line with legal requirements. This was an area that whilst improved still requires improvement and further embedding in to practice.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS forms part of the Mental Capacity Act (MCA) 2005. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS ensures that the least restrictive methods are used. The management team kept a list of DoLS authorisations submitted, an ensured it was updated regularly to ensure that it reflected the people who lived at Normanhurst EMI Home. Since the last inspection staff had reviewed practices that may restrict peoples' movement and this included the locked doors and stair gates.

At the last inspection improvements were required to ensure that the environment was made more suitable for people who lived with dementia. This had progressed and was on-going. Flooring had been changed and signage introduced. The registered manager was trying various signage to monitor which was most beneficial to the people who lived in the service. Advice had been sought from external agencies to assist in ensuring a dementia friendly environment. People's bedrooms were safe and comfortable for each person, some had been personalised by family and friends.

At the last inspection improvements were needed to ensure that peoples' nutritional needs were met consistently. This inspection found that people were supported to have enough to eat and drink to maintain their health and well-being. Most people told us the food was 'good' and 'tasty' We saw that the menu offered choices of well-balanced nutritional food at mealtimes. Staff recorded people's food and fluid intake when it was necessary, the records were clear and accurate. Pictorial menus were available

People's dietary needs and preferences were recorded. Staff told us that the kitchen team ensured that people's favourite foods were always available. Diabetic, vegan, soft or pureed and other special diets were available when required. There were no vegetarians at this time.

We observed the mid-day meal and breakfast meal service. Most people took their meals in the dining room and the atmosphere was calm and pleasant. The food was nicely presented by the staff and staff ensured that people had assistance as they required it. People were regularly assessed for nutritional and dehydration risk. Where other people were assessed as being at risk, a care plan was put in place to identify how their risk was to be reduced. Staff monitored people's dietary and fluid intake to ensure they received enough to eat and drink. People were supported with their meals when they needed it. Where people needed support to eat, staff sat with them, engaging them with the meal and general conversation. Staff did not rush people who needed assistance. One person had behaviours associated with concentrating to eat their meals. This was clearly documented in their care plan, including the specific ways staff were to support the person at mealtimes. We saw staff followed this person's care plan to ensure they ate the meal they wanted.

Staff had completed training to make sure they had the skills and knowledge to provide the support individuals needed. This inspection found that staff training had progressed. Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. The training provided was both face to face and DVD training. This training included health and safety, infection control, food hygiene, safe moving and handling, and safeguarding. Staff training was closely monitored to ensure staff had completed required training and the computer system highlighted if staff had fallen behind.

The training programme was varied and reflected the needs of people living in the service. Staff received training in diabetic care, catheter care and dementia care. Additional training was also provided to support staff with developing roles, specific interests and meeting the changing needs of people living in the service. For example, a dignity champion and an infection control lead. The training had been effective in supporting staff to provide safe consistent care delivery.

Staff felt supported. One told us, "It's clear what we need to do to ensure good care and we are all responsible to make sure people are safe and happy." Staff felt that improvements had been made to ensure that information was shared effectively. This kept staff up to date of any changes and ensured they felt involved in the day to day running of the service. Staff were informed of any essential changes during daily meetings and regular team meetings.

Staff told us the training provided them with the skills they needed and included practical sessions along with time to discuss specific areas of care. Senior staff reviewed staff training at supervision and supported them to complete the required programme. Staff received regular and on-going supervision. This identified any areas that staff needed support or further training. It was also an opportunity for staff to feedback any concerns they may have. Staff told us they felt supported at the home. All staff felt that appropriate training was in place and if you identified an area of learning you could discuss this at your supervision or appraisal.

Staff supported people with their health needs and made referrals to people's GPs or other healthcare professionals when needed. Records showed people were referred to their GP or other healthcare professionals, such as the community psychiatric nurse when needed. One person had a history of swollen and infected legs. Staff monitored these and appropriate assistance was requested in a timely manner. Referrals had been made to speech and language therapists where a person had difficulties in swallowing. We met with a district nurse who confirmed staff followed any instructions they gave and contacted them whenever relevant, about people's healthcare needs.

## Is the service caring?

### Our findings

People and their relatives told us they liked the staff and described them as, "Very accommodating", "Helpful" and, "Very caring". A GP who visited the service regularly told us, "The staff are very helpful." A district nurse told us, "Always kind and respectful to people." We used our SOFI as not everyone could share their experiences with us. The SOFI told us staff supported people in a respectful and caring way.

Positive caring relationships were developed between people and staff. A person told us, "I like them [staff] very much and they have got used to me and I've got used to them." We observed staff addressing people respectfully and with kindness throughout our inspection. A member of care staff told us, "We respect people as individuals; they are all special." People were encouraged, praised and appropriately conversed with during mealtimes and activities. Staff spent time with people whilst discretely monitoring them. They ensured people were comfortable and offered explanations prior to any care interventions, such as when using equipment to help them move around. Staff promoted people's independence and ensured walking aids were nearby if they should need them.

People's wishes were respected, such as having a late breakfast, remaining in bed, going to bed at different times and having specific food. People's preferences for personal care were recorded and followed. We looked at a sample of care notes, which included documentation on when people received oral hygiene, bath and showers. People confirmed they had regular baths and showers offered and received care in a way they wanted. One person said, "They know what I need." Care plans detailed how staff were to manage continence. This included providing assistance taking people to the toilet on waking or prompting to use the bathroom throughout the day. Throughout our inspection we observed people were prompted and offered the opportunity to visit the bathroom. People who were not independently mobile were supported regularly to bathrooms. If someone spilled drink or food on their clothing staff discretely mentioned they would help them to change.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information. People were involved as much as possible in decision making about their care and treatment. They or their legal representatives, when appropriate, participated in initial assessments of needs, care planning and reviews of these when changes occurred. Families told us they were consulted and involved in decision making and in decisions regarding care delivery. One visitor said "I have been involved with everything."

Visitors told us their relatives were treated with dignity and respect, "Staff are kind and caring.", "I find them all quite caring and helpful" and, "Staff are kind and compassionate." We were also told staff knocked on people's bedroom door and announced themselves before entering. We were able to confirm this during our inspection. Staff were discreet and respectful while discussing people's care and staff shift handovers were held confidentially.

Staff promoted people's privacy and respected their dignity. They ensured people's continence needs were met quickly and in a discreet manner. People were supported to wear clothes of their choice, make-up and jewellery. When prompting people to eat or drink, staff talked in a quiet manner ensuring other people did not hear. Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed one person calling staff as they wanted to go to their room. This was attended to immediately, with appropriate support used by staff and good interactions between the person and staff. Staff were patient and responsive to people's mood changes and dealt with situations well by using diversional verbal tactics and a kind word.

Staff told us they promoted people's independence as much as possible. One staff member commented on how they encouraged people to be as independent as possible. They told us, "We support people to go out with families and friends and encourage people to make everyday decisions, like what to wear or where to have lunch." We heard staff talking with people before they undertook care tasks. For example, "It's nearly lunch time, shall I help you to the dining room?"

People were offered choices and enabled to make safe use of all communal areas of the home, this included the garden area. Staff shared ideas they were exploring to encourage people to be independent and make choices of what they did and how they spent their time. We observed staff were caring and patient in their approach with people and supported people in a kind way.

Relatives told us they felt welcome at the home at any time. They said, "The staff always welcome us, there is a nice calm atmosphere here" and, "A nice bunch of staff, seem happy and they speak to everyone nicely." Relatives described the care as positive and felt staff genuinely cared about the people they supported. A relative told us they thought their family member looked, "Content and settled."

Staff received guidance and were supported by organisational policies in respect of end of life care (EOL). End of life care is when people had been seen by a doctor who agreed to withdraw active treatment and according to their care plan, were to receive 'tender loving care' (TLC). TLC is used in care to describe considerate and solicitous care. Documentation to support this decision followed NICE guidance. NICE guidelines are evidence-based recommendations for health and care in England. This meant that this care pathway had been discussed, documented and agreed by families and health professionals involved in their care. We also saw that care plans for end of life care delivery included personal care, mouth care and detailed pain control management. Staff had received training in end of life care and the management of pain medicines. Staff we spoke with discussed the training and they also discussed with empathy the importance of time to just sit and offer companionship. One staff member said, "Staffing levels allow us to sit and chat with people who are unable to leave their room." We found staff had a good understanding of how to monitor and manage pain relief at this stage of people's life with the support of visiting health professionals.



## Is the service responsive?

### Our findings

At the last inspection in June and July 2016, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always ensured people who were living with dementia were responded to in a consistent way.

The Provider submitted an action plan detailing how they would make improvements by September 2017. Improvements had been made and the provider was meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were well looked after by staff and staff listened to them. One person said, "Everybody is lovely." A visitor said, "It's really a friendly and nice home, and they always let me know if there is a problem."

Since the last inspection a new activity co-ordinator had joined the staff team and there were plans to increase the activity team further. This had improved the provision of activities, one to one sessions and social events for people across the services. People received care that was specific to their individual needs. Activities were an area the organisation was continuously improving. They were aware there was still work to do to ensure the activity team had the right support and skills to provide meaningful activities for the people who lived at Normanhurst EMI Home.

During the inspection there was a quiz called higher and lower and some people enjoyed this session. However, not all could participate and this was where they had identified they could improve by having a sensory area for others to relax. There were activities planned each day over the three services. These included external entertainers and one to one time with people. During the inspection we saw staff sitting with people and either chatting or doing a specific personal activity such as reading the newspaper together. There was a sea food tasting afternoon planned this week which people were looking forward to.

We looked at people's individual care plans to see if people's wishes were reflected and acted on. The care plans reflected people's specific need for social interaction and these were being acted on. Staff said, "We try to ensure that we spend time with everybody even it's only chatting to them." Our SOFI told us that there was meaningful interaction between staff and people. People reacted with smiles and reached out to staff. Staff took time to answer people and showed patience, humour and empathy with them.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed a detailed assessment had taken place and people were involved if possible in the initial drawing up of their care plan. Where people were unable to contribute, families had been involved. We spoke with one visitor who told us they were continually involved in the care their loved one received. Care plans provided detailed information for staff on how to deliver people's care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Care plans were supported by risk assessments as required, such as the mobility care plan was supported by the falls risk

assessment.

We were told care plans were reviewed monthly or when people's needs had changed. This was to ensure people's care plans always remained current. Work to continuously improve care documentation was ongoing. The registered manager confirmed that a new computer care plan system was due to be rolled out in the next week. Daily records provided information for each person, staff could see at a glance, for example how people were feeling and what they had eaten. For people who were not able to communicate their wishes staff documented all interactions. This ensured care was person centred and not task based.

The home encouraged people to maintain relationships with their friends and families. We saw visitors were welcomed throughout our inspection and the interactions were warm and friendly. Visitors were complimentary about the home, "Very welcoming, and friendly" and, "Lovely home, clean and comfortable."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One visitor person told us, "If I was unhappy I would talk to the manager or any of the staff, they are all wonderful". The registered manager said, "People are given information about how to complain. It's important you reassure people, so they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." Another visitor said, "If I had a complaint, I would speak to the manager, who is so visible and approachable, always there to talk to if I need to."

# Is the service well-led?

## Our findings

At the last inspection in June and July 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because good governance and accurate records were not in place.

An action plan was submitted by the provider detailing how they would meet the legal requirements by December 2016. Improvements had been made and the provider was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, there are areas that need to be progressed to ensure improvements were continued and sustained.

People told us they liked living at the Normanhurst EMI Home. Visitors said that although there had been a lot of changes but they were satisfied that the home was being well managed now. One relative said, "Lots of change, but that's a good thing." Another visitor said, "Yes I know who is in charge, very visible and approachable." Comments reflected on the approachability of the managers and senior staff working in the home and the belief that they listened to their feedback.

The provider had not correctly displayed their CQC rating on their website and the information on the website was misleading. This was identified and rectified during the inspection process.

We recommend that the provider ensures that they understand all legislation in respect of providing care and treatment.

Since the last inspection organisational audits were now being completed routinely. Quality monitoring systems had been developed and a full time auditor employed. However, we found areas that required further development. For example, the environmental audit and infection control audit had not identified the lack of pedal bins, hand wash and hand towels in the sluice rooms. It had also not identified the lack of hand wash and hand towels in people's bedrooms so staff can wash their hands after assisting with personal care. A visiting health professional also mentioned the lack of hand washing facilities in bedrooms when they visited. Unexplained bruising had not been entered in to the accident and incident logs and therefore a root cause analysis could not be completed for mitigating risk to people and find the cause. This was an area that requires improvement.

Audits for care plans had identified that to move the service forward a new care plan system was needed. A new computer system had been introduced and following further staff training would go live. This will address the inconsistencies in documentation and be more person centred. The care plan system chosen was based on personal outcomes and each person will have their individual goals monitored daily. The registered manager demonstrated how this will work.

Audits for accidents, incidents, falls and skin tears were undertaken monthly and had led to a decrease in repeated falls and accidents.

The staff were complimentary about the changes and the leadership within the home. One staff member said, "She has worked so hard, totally committed to improving, and she's fair and honest." Another said, "It really has improved here, we work together and we are listened to." The provider and registered manager had been working together to develop the support and care provided at the home. Records demonstrated action plans were followed and timescales amended as necessary for completion.

Relatives felt they were able to talk to the registered manager and staff at any time and the relatives meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it."

Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and the monthly staff meetings. Staff said, "We are really encouraged to be involved in developing ideas for people, to ensure they are involved?."

The registered manager said she used the notification system to inform CQC of any accidents, incidents and issues raised under safeguarding and we were able to check this on our system. We found information had been sent to CQC within an appropriate timescale.

Staff told us they were clear on who they reported to and had access to the manager if needed. Three staff members when asked if they felt supported said, "We know we will be listened to." Staff were aware of the whistle blowing procedure and said they would use it if they needed to.

The management structure had responded positively to a number of concerns raised by local authority. Staff had been supported through the resulting investigation process and told us they had learnt a great deal from this. The management and staff had been open and honest where problems had arisen and were looking for ways of improving the service further. This proactive response to information was also evident throughout the inspection process where improvements were progressed immediately following identification. For example, body maps to monitor unexplained bruising was introduced immediately.

Normanhurst EMI Home had clear values and principles established at an organisational level. All new staff had a thorough induction programme that covered the organisation's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff.

The provider sought feedback from people and those who mattered to them in order to improve their service. Meetings were used to update people and families on events and works completed in the home and any changes including those of staff. People also used these meetings to talk about the quality of the food and activities in the home. Meetings were minuted and available to view.

Staff meetings were held regularly to provide a forum for open communication. Staff said meetings were an important part of communication as they could raise ideas, concerns issues and feel supported by the staff team.