

Norton Lodge Limited

# Norton Lodge

## Inspection report

18 Norton Village  
Norton  
Runcorn  
Cheshire  
WA7 6QA

Tel: 01928714792

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 7 and 15 March 2018. The first day was unannounced and the second announced.

Norton Lodge is a privately owned care home set in large grounds in the Norton Village area of Runcorn. A bus route and train station is nearby and Halton Lea shopping centre and Runcorn old town are within easy travelling distance.

The home provides personal care for people who experience mental health issues, alcohol related problems, learning disability or dementia. The accommodation is provided over two floors and is registered to take up to thirty two people. At the time of our visit there were twenty four people living at the home, on the first day one person was in hospital.

We last inspected the service in January 2017. During that visit we identified breaches of the Health and Social Care Act (Regulated Activity) Regulations 2014 with regard to Regulations 11, 13, and 17 and of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The service received an overall rating of Requires Improvement. Following that inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective and Well-led to at least 'good'. During this inspection we found that the service had made the required improvements and was no longer in breach of those regulations.

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

People told us that they felt safe at Norton Lodge. Policies and procedures were in place to protect people from the risk of abuse or neglect.

On the first day of inspection we saw that a bath had been filled and left unattended and staff were initially unclear about systems for temperature checks. The registered manager was able to clarify the process and addressed this with the members of staff involved.

Medication management and administration processes were reviewed. An electronic medicines administration system was used which mitigated the risk of errors. Although information regarding controlled drugs was held on the electronic system, within the paper records staff had sometimes signed in the wrong box and the form of medication was not always noted i.e. tablet etc.

We observed staff carrying out safe moving and handling practice. There was a policy and procedures were

in place to prevent and control the spread of infection.

Arrangements were in place for checking the environment at Norton Lodge to ensure it was a safe place for people to live. We spot checked safety certificates and found these were up to date. We were told that improvements had been made to the environment since the new owner took over.

People had a personal emergency evacuation plan (PEEP) detailing the support they would need in the event of any major incidents/emergencies.

Risks to people's health and wellbeing were assessed and we saw that measures were put in place to support people to remain safe. Safe recruitment procedures were followed.

People said they felt cared for, respected and listened to, that staff were kind to them and that the care they received was effective. We saw that staff interactions were considerate and were not rushed.

The service operated within the principles of the Mental Capacity Act 2005 (MCA). The registered manager maintained records of Deprivation of Liberty Safeguards authorisations and a system was in place to ensure that these were renewed as required. People told us that staff asked for their consent before care was provided.

People were supported to access health care professionals when needed to support their health and wellbeing. The district nursing team were supporting one person with regard to pressure care however a service care plan had not been put in place. Following discussion, a detailed care plan was implemented.

We observed breakfast and mealtime services and saw that people enjoyed their meals. Staff supported people discreetly and an alternative was offered for a person who was reluctant to eat.

Staff received the necessary training, supervision and appraisal they needed to carry out and be supported in their role. Training was provided via a mixture of e-learning and face to face sessions.

People were supported to maintain relationships with family and friends and we could see that there was an evident emphasis on people's emotional wellbeing. Staff supported people to be as independent as they could be.

We saw that care plans contained person centred information although in some instances the written plans did not reflect all person centred care taking place. The registered manager had identified further development of care plans as part of their on-going action plan. We discussed care plans for health conditions, for example epilepsy. Following the inspection we saw evidence of care plans implemented in this regard which were detailed, reflective and demonstrated the improved standard.

The service employed an activities co-ordinator and on the second day of inspection we observed a visit from local school children who sang and chatted with the people living at Norton Lodge. This was obviously enjoyed by all who watched and took part.

There was a policy and procedure in place to manage complaints although none had been received and the people we spoke with said that they had none. Several compliments had been received about the standard of care provided.

During the morning of the first day of the inspection some areas of the home were cold as windows had

been left open. Some people said that they felt cold and were subsequently offered blankets. The home felt warm in all areas during the afternoon and on the second day of inspection.

The people living at Norton Lodge and staff felt that the service was well-led and that the registered manager was fair and approachable.

The service had quality assurance processes in place to ensure the quality of the service and reviewed these to capture learning. The registered manager operated an open door policy and satisfaction surveys were distributed to staff, people using the service and relatives to gather their views.

During the inspection records requested were readily available, clear and were well organised. The registered manager engaged with the inspection process in an open and transparent way and received feedback positively.

## 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 not consistently safe.

Systems and processes were generally effective in monitoring safety and protecting people from harm however we found that some improvement was required.

Risk was appropriately assessed and reviewed.

Accidents and incidents were recorded and monitored.

Recruitment procedures were in place to ensure that suitable staff were employed.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

The principles of the Mental Capacity Act 2005 were being followed accordingly.

Staff were supported in their roles. Supervision and appraisals were routinely taking place.

Staff received the training they needed to carry out their roles and which supported their learning and development.

People were supported to maintain their health and wellbeing.

**Good** ●

### Is the service caring?

The service was caring.

People told us that staff were kind, caring and that they felt listened to.

We observed staff interactions that were caring and considerate.

People were supported to maintain relationships.

People were supported to be as independent as they could be.

**Good** ●

### **Is the service responsive?**

The service was responsive.

People told us they were happy with the care they received and that staff were responsive to their needs.

People received personalised care.

There was a policy and procedure in place to respond to complaints

**Good** ●

### **Is the service well-led?**

The service is well-led.

The service had a registered manager who provided leadership and direction.

The service had responded in a timely way to issues arising from the previous inspection.

A range of auditing systems had been developed so that the service could be monitored and developed. This included arrangements for people who lived at the service, their relatives and staff to be consulted about their opinions of the service.

**Good** ●

# Norton 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 2014.

This comprehensive inspection took place on 7 and 15 March 2018. The first day of the inspection was unannounced and was carried out by an adult social care inspector, an expert by experience and a specialist advisor. The second day of the inspection was announced and was carried out by an adult social care inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered mental health nurse.

Before the inspection we liaised with the local authority quality monitoring and safeguarding teams and they shared their current knowledge about the home. We checked whether a Health Watch visit had taken place and saw that the last visit was in August 2016. Health Watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. The report they produced gave a positive view from their visit.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we spoke with six people who lived at the home and one visitor. We spoke with the registered manager, deputy manager, three support staff and the chef.

We looked at the care records of five people, two staff recruitment files and inspected other records related to the day to day management of the service. These records included, staff rotas, recruitment, training, induction and maintenance records. We requested additional information which was provided by the registered manager following the inspection.

# Is the service safe?

## Our findings

People told us that they felt safe at Norton Lodge. Comments included "I do yes", and "Yes I do, absolutely". They also told us that they would know who to speak with if they did not feel safe. Staff spoken with told us that they felt the home was a safe place to work and also a safe place for the people who lived there.

At the last inspection we found that the service was in breach of Regulation 13 of the Health and Social Care Act (Registered Activity) Regulations 2014 as people were not protected from abuse and improper treatment. The service was also in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as they had failed to notify the CQC of all incidents that affect the health, safety and welfare of people who use the service. During this inspection we found that the service was no longer in breach of these regulations.

We saw that policies and procedures were in place to protect people from the risk of abuse or neglect. A notice board displayed relevant information about protecting people from abuse including what to do and the reporting process staff should follow. Staff received training in adult safeguarding and had access to policies, procedures and local contact information to guide them if they suspected abuse or neglect was taking place. Staff spoken with were able to demonstrate an understanding of their responsibilities, and told us they would report any concerns to their manager, or externally (whistleblowing) if necessary feeling confident that they would be listened to. We saw that referrals had been made to the local authority safeguarding team as required and that the CQC had been informed of all notifiable incidents. We resolved a query about a hospital discharge form by liaising with the registered manager, GP and local authority safeguarding team.

During our initial tour of the building we found that a bath had been filled and was unattended. This was because the box containing personal protective gloves (PPE) was empty and the member of staff had gone to get a new box. We could not see a thermometer to check the water temperature and were concerned that neither the deputy manager or the member of staff could locate the thermometer or inform us where temperatures were recorded.

We brought this matter to the attention of the registered manager who showed us that the thermometer was behind the bathroom door and provided evidence that temperatures were usually checked. The thermometer was moved to a more prominent position and the registered manager discussed the matter with the staff involved. We would recommend that temperature records are located in the bathroom so that entries can be made at point of care and that the temperature is recorded along with the staff member's signature.

Medication management and administration processes were reviewed during the inspection and found to be safe. The service was well supported by a community pharmacist who visited regularly to carry out medicine reviews, quality checks and liaised with the GP. The registered manager informed us that the pharmacist had recently carried out an audit at Norton Lodge and that this did not result in any identified actions.

An electronic medication administration record system (EMAR) was used which included safety mechanisms to prevent medicines being administered before the due time to mitigate the risk of overdose. People's allergies were clearly marked on the system and we saw that stocks were managed effectively.

Although information about controlled drugs was accurately recorded on the EMAR system, we found that some improvement was needed to the recording in the paper record book. For example staff had sometimes signed in the wrong place and the form of medication (tablet etc.) was not always noted. Controlled drugs are medicines subject to stricter legal controls because they are liable to be misused. We brought this to the attention of the registered manager who took immediate action to make the necessary improvements.

We saw that there were specific instructions for one person with regard to the timing of their medicine which was to be taken 30 minutes before food or caffeine. We observed that this person had their breakfast five minutes before their medicines were offered as was their preference. We would recommend that the registered manager seeks advice from the GP with regard to the impact of this decision to ensure that the person is making an informed choice.

We saw that one person was receiving input from the district nursing team with regard to pressure care. A chart was in place which evidenced two hourly pressure relief was being provided. An entry dated 2 March 2018 recorded advice from the district nurse as "carry on doing what we are doing" indicating that they were happy with the care provided. Although this person was receiving appropriate care which was overseen and documented by the district nurse team, a service care plan had not been implemented. The registered manager explained that they had been awaiting the outcome of an appointment with a vascular consultant however following our discussion they implemented a care plan that day which would then be updated following the consultation.

Some people were prescribed medicines to be taken pro-re-nata (as required). We saw that staff recorded when these medicines were administered and whether they were effective.

During the day we observed staff carrying out safe moving and handling practice. For example, two staff transferred a person by hoist and were professional in their approach, ensuring that the person was involved at all times.

The provider had a policy and procedures were in place to prevent and control the spread of infection. We saw that staff used personal protective equipment (PPE) i.e. gloves and aprons appropriately. In the first day of inspection we found several hand gel dispensers were empty. However when checked on the second day we found that hand gel was available. The home was visibly clean, fresh and tidy.

Records were kept securely in locked cabinets and were accessible to staff. However, on the first day of inspection the door to the manager's office had been removed for painting. This meant that, when not occupied, it could not be locked. We saw that the door had been replaced on the second day of inspection.

Arrangements were in place for checking the environment at Norton Lodge to ensure it was a safe place for people to live in. We spot checked safety certificates such as electric, gas safety, Legionella compliance and fire safety and these were up to date. People had a personal emergency evacuation plan (PEEP) detailing the support they would need in the event of a major incident/emergency. The registered manager maintained a log of all accidents/incidents and these were reviewed for future learning and prevention.

At the time of the inspection there was no one receiving end of life care. We saw from care plans that some

consideration had been given to this and where appropriate a do not attempt resuscitation (DNAR) instruction had been put in place.

Risks to people's health and wellbeing were assessed and we saw that measures were put in place to support people to remain safe. Files reviewed identified that risk assessments had been completed, reviewed regularly and updated as required for areas such as falls, moving and handling, malnutrition and skin integrity. We saw that the registered manager carried out detailed analysis of falls in order to identify themes and trends.

A dependency tool was completed for each person and reviewed regularly. Outcomes were collated and the registered manager discussed these with the provider to determine staffing levels. The registered manager told us that they were supported by the provider to amend staffing levels in line with people's changing needs. Our observations showed that there were sufficient staff employed to meet people's needs and a visitor told us "There are plenty of staff". The registered manager told us that there were no current vacancies for permanent staff and that they were building a group of bank staff.

Staff comments varied with regard to staffing levels with some feeling that staffing levels were "really good" whilst others felt the afternoon from 4-6pm was sometimes more difficult as the person on 8-2 shift had left. They felt that this meant people may have to wait longer for support, for example with toileting. We asked people living at Norton Lodge about staffing levels and whether they received the care they needed when they wanted it. Of the 6 people we spoke with 5 told us there were enough staff. Comments included "Yes, I think there is enough staff. They do their best for me" and "Yes there is enough, same all the time". One person said "Occasionally we wait, it depends".

We reviewed 2 staff files and saw that satisfactory recruitment and selection procedures were in place. We saw that there were application forms, references, proof of identity and disclosure and barring service (DBS) checks. DBS checks are used by employers to check if employees are suited to working with vulnerable adults thereby supporting safe recruitment decisions.

## Is the service effective?

### Our findings

People we spoke with during the inspection said the care provided was effective, that they felt cared for, respected and listened to. Their comments included "Very respectful".

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found that there was a further breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that people being deprived of their liberty had been so with the lawful authority. In addition, the registered provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as they had failed to notify the CQC about DoLS applications that had been authorised.

During this inspection we found legal authority was in place for people being deprived of their liberty and that the CQC had been informed as required. Therefore the provider was no longer in breach of these Regulations. We reviewed records relating to DoLS and found that applications had been submitted as required and that there was a process in place to monitor for expiry.

At the last inspection, we found that the provider was in breach of Regulation 11 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014 as they had failed to ensure that care and treatment provided was with the consent of the relevant person. During this inspection we found that the provider was no longer in breach of this Regulation.

All people spoken with told us that staff asked for their consent before care was provided. Their comments included "They ask first, for example if I get up in a morning" and "Yes, staff do check". We observed that consent was sought from people before any interventions took place and that staff explained what they were about to do.

Where people lacked capacity to consent to care and treatment appropriate legal authorisation was in place as noted above and we saw evidence that decisions had been made in people's best interests. There was a process in place for annual review of care files which involved the person and, where appropriate, their relatives. In addition, the registered manager advised that all care plans would be reviewed during the next three months as part of their on-going improvement plan and that consent of the relevant person would be reflected throughout.

We saw that people were supported to access health care professionals when needed, for example District

Nurses, GP, Dietician, Speech and Language Therapy (SALT) and podiatry. Staff demonstrated a good knowledge of individual's medical history and how this impacted on people's condition for example, nutrition and wellbeing.

People told us that they had plenty to eat and that the food was good. People said "Food is good. They feed me up, I get plenty" and "Food is good, I eat everything". However, one person said that there was a lack of variety.

Each person had a fluid intake chart which was totalled each day to record the amount taken. We reviewed a sample and saw that the recommended daily intake was not completed therefore, although total intake was recorded, there was no information to detail whether this was adequate hydration. We discussed this with the registered manager and they reminded staff of the need to fully complete the forms.

We carried out observations during breakfast and lunchtime service. We saw that the menu displayed in the corridor included a cooked breakfast, however we did not observe this being offered. We enquired about this and were told that people generally chose cereals, toast etc. The registered manager and chef informed us that a hot option would be available each day, for example poached egg on toast, and that a full cooked breakfast would be served weekly as a trial. People's views had been sought about this system and the chef would continue to monitor and record people's choices and feedback.

The lunchtime service was calm and we saw that staff knew people well. Choice was offered and the food was well presented. People commented about the food and how they enjoyed it. Comments included "it was lovely" and "It was magic". Menus were displayed in booklet form and the food was served directly from the kitchen.

Staff were knowledgeable about people's dietary needs which were also available in the kitchen. One person was reluctant to eat but staff offered an alternative they knew the person liked and which they then enjoyed. Additional portions were offered and one person who required assistance was supported discreetly. Staff wore appropriate PPE whilst serving meals and food taken to people who were eating in their rooms was covered.

Staff told us that they had received the training they needed to do their jobs and that if they felt they needed additional training it would be made available. Comments included "Yes, fully trained. If we ask we get it" and "Would be available if needed".

We reviewed records relating to staff supervision, appraisal and training. Following the inspection we received a copy of a training matrix which evidenced that staff had received a wide range of training presented via e-learning or face to face sessions. Training was mostly within date although some sessions were noted as overdue. The registered manager had identified this and had a plan in place to address it. Staff were supported to access training sessions provided by Halton Borough Council.

A staff member told us that training about the use of fluid thickening agents had been provided by the Speech and Language Team (SALT). They had demonstrated how to use and mix thickeners and the staff member said they found this very helpful. The registered manager had placed staff on the waiting list for the next roll out of 'Six Steps' end of life care training. In the interim, we saw that training was available for Introduction to End of Life Care; Opening the Spiritual Gate; Advance Care Planning and Care & Communication Record. In addition, we saw from the monthly newsletter that all staff were to attend a training day at the House of Memories in Liverpool. The letter explained that House of Memories was a museum-led dementia awareness programme which offered training to enable care staff to provide person

centred care for people living with dementia.

Staff told us that they received regular supervision and appraisal and that they felt these processes were worthwhile and effective. They told us that it gave them a chance to air any problems and that a record was available for them in their staff file. As part of the supervision process, the registered manager had introduced a reflective outcome of care plan review which included discussion and review of an individual's history and current needs.

A visitor told us that they had seen improvements since the new owner took over and that "A lot had been done". We saw that the registered provider had made improvements to the premises since purchasing the home which included new carpets in some areas, conservatory and the ground floor bathroom was to be replaced. The home was clutter free which enabled people using walking aids or wheelchairs to move about without hindrance.

We noted that there was no specific staff room. The registered manager advised that they had introduced lockers and a notice board area in the ground floor stairwell and that staff usually took their breaks and ate lunch in the dining room or conservatory. Most staff did not raise any concern about the lack of staff facilities although one staff we spoke with said it to be the one thing they would change. A staff questionnaire was recently distributed which included a question relating to staff facilities. Of the 15 completed 11 noted they felt them to be adequate for their needs whilst four felt staff facilities were inadequate for their needs.

## Is the service caring?

### Our findings

People told us that the staff were kind, caring and that they felt listened to. Comments included "Very nice, yes they are pleasant" and "lovely girls". Although one person said the staff were kind and caring they added "Some get a cob on sometimes. None of us are perfect".

Staff spoke about the care they provided with pride telling us that they liked to get to know people, their likes and dislikes etc. Staff also told us that they would be happy for one of their family to live at Norton Lodge. They said this was because it was a "Very happy place", "It's warm and welcoming, the care is good, now outstanding" and staff were "Wonderful with everybody". One staff member told us that they chose to work at Norton Lodge because they were previously a visitor and on seeing the care provided thought "I would love to work here one day". They said their job was "everything they expected it to be".

We observed interactions between staff and the people they supported to be caring and considerate. Staff did not appear rushed and spent time engaging easily with people. The atmosphere was warm, friendly and homely. During an activity we observed staff supported a person to express their views in a caring and patient way. Staff knew people well and were aware of how to treat people with dignity, respect and as individuals. One staff member explained in detail how a person liked to be supported with their personal care. We saw that staff knocked before entering people's rooms and explained what they were doing before and during interventions.

Each person had a 'one person profile' which detailed the things that were important to them and how best to support them.

People were supported to maintain relationships with family and friends. Visitors were welcomed and people had access to a telephone if they wished to use it. Contact details for advocacy services were available for those who may need this type of service. The registered manager explained that they had discussed advocacy support with a person following a bereavement however they had decided it would not be needed.

We could see that there was an emphasis on people's emotional wellbeing. Staff supported people to maintain their independence and reach their potential. They explained that they did this by "letting people do as much as they can for themselves". When reviewing care files we saw that, since moving to Norton Lodge, a person's mobility had improved and they were now able to walk short distances. We heard a staff member encouraging a person when they were mobilising saying "You are doing really well, take your time" and "Walk as close to the frame as you can". The registered manager explained that one of the key values of the service was that people should be able to "Live life to the best, as independently as they can".

We saw that people's bedrooms were personalised, clean and tidy and several of the people we spoke with told us they liked their room and enjoyed spending time there.

# Is the service responsive?

## Our findings

People told us that they were happy with the care they received and that staff were responsive to their needs. A visitor told us "I don't know what more they could do".

A comprehensive admission assessment was carried out for people coming to live at Norton Lodge and, where they were not able to consent to their care and treatment, a decision was made in their best interests.

From the care plans reviewed we saw that person centred information was included. For example, (Name) takes this medication but has to have help putting the medication pot to her mouth". One person's care plan reflected that they required additional emotional support and assistance when speaking with doctors and that a person liked to chat about when they were younger. A dietary profile was completed for each individual which was reviewed monthly. The profiles contained details of dietary requirements, likes and dislikes for example "(Name) likes a cup of tea with 2 sugars", "Prefers meals in dining room", "(Name) doesn't like cabbage, Weetabix and banana" and "Dislikes meat and veg".

Positive behavioural care plans were detailed and person centred. They included information about background; evaluation of distressed reaction; how the person communicated; signs of anxiety; social relationships affected; physical distress; triggers; relationships and emotional factors. This information then enabled clear support strategies to be developed, including rationales which were recorded within the plan.

From our observations and conversations with staff during the inspection we saw that they were fully aware of people's needs, likes and dislikes, were responsive to people's needs and that person centred care was being delivered.

In some instances, although basic information was contained within the care plans, they did not fully reflect all person centred care taking place. We discussed this with the registered manager and could see that they had identified this as part of their on-going improvement plan and that they had plans in place to further develop care plans. We specifically discussed care plans around health conditions, for example epilepsy. Following the inspection the registered manager provided copies of care plans they had implemented in this regard which were detailed, person centred and demonstrated the standard to be achieved during review.

People told us that their choices were respected. We heard staff offering choice, for example at meal times, asking which channel people wanted etc.

A Herbert Protocol document was included within the care files. The Herbert Protocol was introduced by Cheshire Constabulary to keep people living with Dementia "safe and found". A profile was completed and retained within a person's care file. This included a photograph and all relevant information that police would need should a person become missing from the home. This was good practice as accurate information could be passed on quickly.

We saw that the service had responded to people's changing needs. For example, when concerns were identified regarding weight loss, a referral was made for support from a dietician. A plan was implemented and followed to monitor this person's progress. They have since gained weight and no longer require input from dietetic services.

During the morning of the first day of inspection, the home felt cold in some areas. This was because windows had been opened as the hairdresser was visiting and in the kitchen. Some people sitting in the lounge said they felt cold and were subsequently offered blankets and the window closed. The home felt warm during the afternoon and second day of inspection.

A handover took place at change of shifts. This was attended by all staff with the exception of those left to support people's needs. A detailed written handover document was completed which included significant information that the incoming staff would need to be aware of. Following the handover this information was then cascaded to staff that were not present.

An activity co-ordinator was employed by the service and had developed a comprehensive activity plan. An activity file was retained which included individual's life stories and a record of people's engagement. People told us that they were able to choose whether they wanted to join in activities.

Children from a local primary school visited on the second day of the inspection. We saw that people listened intently as the children sang, smiling, tapping their feet and clapping for every song, their enjoyment was obvious. One person said "I thought that was beautiful" and "Everything you did was beautiful". She was given time to be able to make her comments whilst everyone listened respectfully. We could see that the activity provoked memories as one person commented that they used to be a teacher. During the activity staff were attentive to people's needs and when one person began looking for their daughter amongst the children they were supported to another activity to ease their anxiety.

Once the singing was over the children sat in groups chatting with the people living at Norton Lodge. We saw that this was a comfortable and enjoyable experience for all involved. The atmosphere was relaxed and happy with people laughing and enjoying the children's company. The registered manager told us that the children were regular visitors.

People told us that their family and friends could visit whenever they wanted and that they felt happy living at Norton Lodge.

We reviewed the file relating to complaints and saw that none had been received however we saw that a policy and procedure was in place. People we spoke with were aware of who they would speak with if they had any concerns indicating that they did not have any complaints. Comments included "I've no complaints".

We saw that several compliments had been received by the service. These included comments such as "(Relative) loved being cared for by such wonderful caring people who through that care extended his life", "So many thanks to all staff who loved (Name) at his most vulnerable time of life" and "I know that my (Relative) was always looked after with a very professional and caring attitude".

## Is the service well-led?

### Our findings

People told us that they knew who the manager was and that they felt the home was well managed. We were told "Yes it is. Better with this manager".

At the last inspection we found that the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that systems operated effectively to enable them to assess, monitor and improve the quality of the service or to assess, monitor and mitigate risks relating to the health, safety and welfare of service users. During this inspection we found that the service was no longer in breach of this regulation.

We found that the registered manager carried out a suite of audits to assess the quality of the service and that they continued to review these to ensure that any learning was captured. We saw that the registered manager developed detailed action plans which took forward and addressed learning points identified as a result of their audits. We would recommend that following the review of care plans which was taking place, the audits in place for care plans are also reviewed to ensure that they would be effective in assessing, monitoring and maintaining the improvements made.

The home had a registered manager in post who was present for most of the inspection. 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 registered manager was aware of their role and responsibilities both within the service and with regards to their registration including incidents that they must notify the CQC about. They were enthusiastic about their role, their aims for continuous improvement and provision of outstanding personalised care. The registered manager explained that, since their arrival, they have worked towards improving the service in areas including issues highlighted in the last CQC report, staff morale, and the environment. They had also built relationships with external professionals such as GP, district nurses, pharmacist and local authority teams.

We asked staff whether they felt the registered manager was approachable and fair to all staff. They told us "Yes approachable. She seems to know what is what. Puts in a lot of time to get things going", "Would say well-led", "Yes, fair to all staff". We also asked if staff felt supported in their role and were told "Yes, I do. I feel I am able to approach the manager, deputy and senior staff if I have a problem and they will always do their best to support me" and "If I have any problems I can come to (Manager)".

Staff told us that morale had improved with the arrival of the new manager. Comments included "Good at the moment. Staff seem happy now", "High, everyone is so nice. Teamwork is brilliant" and "Been through a lot with the old manager so is a lot better than it has been".

As mentioned in the Caring section of this report one staff member told us that they chose to work at Norton Lodge because they had previously been a visitor and thought "I would love to work here one day". They said their job was "everything they expected it to be".

The registered manager operated an open door policy so that they were available for people to express their views. We saw that service user and relative feedback questionnaires were issued and that four were returned. A rating scale was included and all responses were rated very satisfied or quite satisfied with the exception of two regarding the way in which menus were planned and social activities provided. The manager had completed analysis and forwarded this information following the inspection.

Staff questionnaires were also distributed with 15 returned. Responses were mostly positive. There was a section for staff to record things they liked about their care service. Comments in this section included "Our care home is a family home", "Friendliness, kindness, compassion" and "All staff work as a team".

The service maintained a set of policies and procedures which explained roles, responsibilities and expectations. Staff understood how to access policies if they needed to.

During the inspection all records requested were made readily available, were clear and well organised. The registered manager engaged throughout the inspection process in an open and transparent way and received feedback positively. They submitted an action plan immediately following the first day of inspection which reflected verbal feedback provided and have submitted regular updated versions that included their future plans.