

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

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Norton Lodge is a residential care home situated in a residential area of Runcorn. The home provides accommodation and personal care to up to 32 people across two floors. At the time of this inspection, there were 29 people living at the home.

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

Medicines were not always managed safely. Not all risks were safely assessed and mitigated to maintain people's safety. Records relating to people's risks were not always complete or accurate. Systems and processes did not always identify risks relating to fire safety. Audits were not always effective as they failed to identify the issues we found with fire safety, risk assessments and medicines management.

Staff followed good infection control practices and used PPE (personal protective equipment) to help prevent the spread of healthcare related infections. We observed friends and relatives visiting their loved ones during the inspection. Relatives told us that there were no restrictions on visiting and described how this was done safely.

Staff had received training in safeguarding. Staff understood how to recognise, report and safeguard people from abuse. People and their relatives told us they felt the care provided by staff was safe. Comments included, "I know [person] is safe there which is a big comfort to me."

Staff were safely recruited. People and relatives told us that staff were competent and had the necessary skills to perform their roles safely. There were enough staff to meet people's needs.

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

The home had a new registered manager in post. The management team had identified some areas for improvement and had started to make changes to address those areas. Commissioning partners and professionals who work with the home were positive about the service and the management team. Comments included, "the home has improved significantly over the last few months with more continuity for the residents."

The registered manager encouraged a culture of learning from incidents. The registered manager notified CQC of any incidents and events that occurred at the service, which demonstrated they understood their responsibilities in line with regulatory requirements and their responsibility to be open and honest when things had gone wrong.

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

Rating at last inspection

The last rating for this service was good (published 21 April 2018).

Why we inspected

We undertook a targeted inspection to look at the preparedness of the home in relation to infection prevention and control during this period of high levels of coronavirus infections.

We inspected and found there was a concern with the environment and risk management, so we widened the scope of the inspection to become a focussed inspection which included the key questions of safe, and well-led.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Norton Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service two hour's notice of the inspection. The second day of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at the home and five relatives to understand their experience of the care provided. We spoke with ten members of staff including the registered manager, team leaders and care workers.

We reviewed a range of records. This included four care plans and associated documentation. We looked at two staff files in relation to recruitment and multiple medication records. We reviewed multiple records relating to the management of the service and a variety of policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We shared our concerns with external agencies, such as the fire service and the local authority commissioners.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- People did not always receive their medicines as prescribed. For example, one person who required medicines at a certain time to manage a health condition did not always receive these at the correct time.
- Protocols to guide staff on when to administer 'as and when required medicines' were not always in place. Therefore, staff did not have all the information required to know when to administer them.

We found no evidence that people had been harmed, however, systems and processes were not consistently implemented to ensure the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to the concerns we raised and took immediate action to improve medicines practices.

Assessing risk, safety monitoring and management

- Not all risks were safely assessed and mitigated to maintain people's safety.
- Records relating to people's risks were not always complete or accurate. For example, no choking risk assessment was in place for one person who required a specialised diet. For another person who had experienced multiple falls, the falls risk assessment had not been reviewed following all falls.
- Systems and processes did not always identify risks relating to fire safety. We found concerns with defective fire doors, a cluttered fire escape and risks relating to people smoking had not been assessed. We referred our concerns to the fire service.

We found no evidence that people had been harmed, however, processes were not consistently implemented to ensure risks related to people's health and safety was assessed, monitored and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to the concerns we raised and took immediate action to improve fire safety and risk management.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- Cleaners were on site throughout the day and worked hard to maintain a clean environment. However, cleaning records did not show that high touch points were cleaned regularly in line with best practice guidance. The registered manager had already identified this and was in the process of implementing a new system.
- Staff followed good infection control practices and used PPE (personal protective equipment) to help prevent the spread of healthcare related infections.
- We observed friends and relatives visiting their loved ones during the inspection. Relatives told us that there were no restrictions on visiting and described how this was done safely by completing COVID-19 lateral flow tests prior to the visit and the use of PPE during the visit.

We have also signposted the provider to resources to develop their approach.

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

- Staff had received training in safeguarding. Staff understood how to recognise, report and safeguard people from abuse.
- People and their relatives told us they felt the care provided by staff was safe. Comments included, "I know [person] is safe there which is a big comfort to me" and "[person] is safe there definitely."
- Records were kept of accidents and incidents that occurred to people who lived at the home. These were analysed to identify action, patterns or themes that could prevent future risk.

Staffing and recruitment

- Staff were safely recruited.
- People and relatives told us that staff were competent and had the necessary skills to perform their roles safely.
- There were enough staff to meet people's needs. Staff were deployed effectively to ensure that people's needs were met in a timely way.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits to monitor standards and to identify where improvements could be made were not always effective. Issues we found at this inspection with fire safety, risk assessments and medicines management had not been identified. We raised this with the registered manager who took immediate action to improve auditing processes.
- Since our last inspection, the home had a new registered manager in post. They were supported by a deputy manager. The management team had identified some areas for improvement and had started to make changes to address those areas. For example, they had recently implemented new systems to track and monitor DoLS applications and staff training and were in the process of implementing an electronic care planning system. The changes were positive however, the new processes need time to fully embed.
- The provider had recently recruited a quality assurance manager to support the newly formed management team with quality improvement.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager notified CQC of any incidents and events that occurred at the service, which demonstrated they understood their responsibilities in line with regulatory requirements and their responsibility to be open and honest when things had gone wrong.
- The registered manager encouraged a culture of learning from incidents. As opposed to thinking that things had simply gone wrong, staff were encouraged to use this as an opportunity to learn and improve their practice.
- Commissioning partners and professionals who work with the home were positive about the service and the management team. Comments included, "The home has improved significantly over the last few months with more continuity for the residents" and "I speak twice weekly with [registered manager], I do find that they are open and let me know of any safeguarding issues."

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

- The registered manager was passionate about promoting a more positive culture at the service which focused on staff delivering good standards of care for people.
- The registered manager regularly spent time in all areas of the home and provided hands on care when

care staff required additional support. Staff told us the management team were visible and approachable.

- People, relatives and professionals spoke positively about the management changes. They told us the home is now better led and that managers are approachable and promote an inclusive and person-centred culture. Comments included, " [Registered manager] is fantastic, [person]adores him, he understands where I'm coming from and understands [persons] needs" and "[registered manager] is so good, I have real confidence in him, he is very understanding and listens."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems and processes were not consistently implemented to ensure the safe management of medicines.</p> <p>Processes were not consistently implemented to ensure risks related to people's health and safety was assessed, monitored and mitigated.</p>