

Affinity Care Consortium LTD

Norton Lees Hall and Lodge

Inspection report

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Date of inspection visit:
10 January 2023

Date of publication:
15 February 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Norton Lees Hall and Lodge is a care home providing accommodation and personal care to older people. Some people were living with dementia. The service can accommodate up to 80 people in a purpose-built facility over two floors and four wings, each with a separate dining room and lounge. At the time of this inspection there were 53 people living at Norton Lees Hall and Lodge in three of the wings.

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

We carried out a tour of the home and identified concerns regarding infection prevention and control. Some areas required a deep clean and others required maintenance work to enable them to be cleaned effectively. Risks associated with people's care were identified and staff knew how to mitigate risks. However, there was a lack of documentation to show risks were being managed in line with people's needs. This was a records issue. People received their medicines as prescribed, although we identified some minor concerns in regard to maintaining appropriate records. We observed staff interacting with people and found they responded to people in a timely way.

Accidents and incidents were recorded and logged what action had been taken. However, there was no evidence to show that trends and patterns had been analysed to mitigate future risks. We looked at 4 recruitment files and found concerns with 2 files. We asked the registered manager to evidence what action had been taken to ensure suitable staff had been employed. We received supporting information, following our inspection, and asked for this during our inspection but this was not provided.

We reviewed the staff training record and found training required updating to ensure staff were trained in line with the providers policy.

We found people received a balanced diet, however choices were lacking. People had access to outside garden areas and signage was available to ensure people could navigate around the home.

Care plans were well written and clearly detailed people's needs and follow up action when required but it was not clear from observations if care plans were followed. We have made a recommendation care plans are reviewed to ensure they reflect people's current 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 provider had a system in place to monitor the quality of the service. However, this was not always effective in identifying areas of improvement.

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

Rating at last inspection

This service was registered with us on 27 August 2021 and this is the first inspection. The last rating for the service under the previous provider was rated good, published on 23 December 2020.

Why we inspected

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

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

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

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to infection prevention and control and good governance.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 Lees Hall and 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 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before 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 8 people who used the service and 6 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, care workers and ancillary staff. We reviewed a range of records including 4 people's care plans and multiple medication records. We looked at 2 staff files in relation to recruitment and supervision. We also reviewed a variety of management documents.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. We carried out a tour of the home with the registered manager and found many areas that required attention.
- Many areas required a deep clean, storerooms were untidy, and items were stored on the floor making cleaning difficult. Some armchairs needed replacing due to them being worn and extremely dirty.
- Following our inspection, the registered manager confirmed they had taken actions to address our concerns. However, internal audit systems had failed to identify these areas prior to inspection.

The provider had failed to ensure infection, prevention and control policies and procedures were always followed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- The provider was facilitating visits for people living at the home to maintain contact with family and friends.

Staffing and recruitment

- Through our observations and speaking with people, staff, and relatives, we found people were supported by sufficient numbers of staff to meet their needs.
- The registered manager used a dependency tool to ensure enough staff were available to support people.
- The provider had a system in place to safely recruit staff. Pre-employment checks were carried out prior to staff commencing in post. This included Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We looked at 4 recruitment files and found concerns with 2 files. We asked the registered manager to evidence what action had been taken to ensure suitable staff had been employed. We received supporting information and asked for this during our inspection, but this was not provided.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and staff knew people well. However, supporting documentation was lacking in regard to falls, pressure area care and weight. This was a documentation issue and we have reported on this in the well led section of this report.

- People we spoke with told us they felt safe living at the home. One person said, "Oh yes, perfectly safe." Another person said, "It's alright, they [staff] look after you."

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse.
- We found safeguarding concerns had been reported to the local authority but had not always been reported to CQC. We have reported on this in the well led section of this report.
- Staff we spoke with told us they had received training in safeguarding and knew what actions to take if they suspected abuse.

Using medicines safely

- We found people received their medicines as prescribed. However, we found some minor concerns.
- Some people were prescribed medicines on an 'as and when' required basis (PRN). Some PRN protocols lacked detail for people living with dementia and some PRN protocols were in place for medicines no longer prescribed. We asked the registered manager to review PRN protocols to ensure they were updated and reflected people's current information. This was a documentation issue and we have reported on this in the well led section of this report.

Learning lessons when things go wrong

- The registered manager had a system in place to record accidents and incidents, however, analysis of trends and patterns were lacking.
- We found evidence to support the registered manager had taken action such as placing sensor mats in place. However, a more in-depth analysis was missing. For example, we found there had been several unwitnessed falls but there was no analysis as to what could be done to minimise future incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The registered manager used a training matrix to track training completion. We found not all staff had completed refresher training in areas the provider had deemed mandatory. The registered manager was taking action to ensure staff training was addressed.
- We received differing views about the support staff received from the management team. Some staff felt supported saying, "The manager is very approachable and understanding." Whilst other staff said, "We can't raise issues with senior staff as they are stressed out."
- Staff who had not previously worked in care were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to maintain a balanced diet. However, we observed lunch and found people were offered a choice of drinks although food choices were not always offered at the time of the meal.
- The menu was not displayed in an alternative format, such as the use of pictures, or offering plated meals to help people decide what they would prefer.
- People were offered snacks and drinks in-between meals.
- We discussed these issues with the registered manager who assured us action would be taken to address these concerns.
- People we spoke with told us they enjoyed their meals. One person said, "I'm quite content with the food, it's very good."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs had been assessed and care plans were in place to guide staff in how best to support people.
- People were supported by staff who knew them well.
- Care plan documentation showed people had received support from healthcare providers as required.

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

- People had access to outside garden areas and work was planned to improve these areas in readiness for the summer months.
- Signage was available to assist people to navigate their way around the home.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff team understood the requirements of the MCA and DoLS.
- Care plans were in place for mental capacity which included information about how people were to be supported.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed a lot of positive interactions which supported people's wellbeing, although we saw some incidents where staff failed to interact in a consistently positive way with people. We raised this with the registered manager who assured us they would look into the concerns.
- People's confidential information was mostly managed safely, although we saw some personal information displayed on kitchen units. This did not maintain people's confidentiality.

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

- Most staff supported people to express their views and opinions. For example, one person was gently awakened by a staff member to inform them it was lunch time. The staff member offered to escort the person to the dining table saying gently, "Is that okay?"

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us they felt supported by staff and felt their privacy and dignity was maintained. One person said, "I can say it's nice here." Another person said they could, "Have a laugh with staff."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans were well written and detailed people's needs. However, from our observations it was not clear if care plans were followed. For example, one person's care plan stated they should be supported with meals but was seen with their breakfast in front of them for a long while and staff did not assist.
- Another person's care plan stated they required one staff member to assist them to mobilise. However, we saw this person mobilising on their own.
- Staff we spoke with knew people well and were confident the care and support provided was in line with people's current needs.

We recommend care plans are reviewed to ensure they reflect people's current needs.

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

- People were supported to maintain relationships with their family and friends who were welcome to visit the service.
- We received mixed comments about activities in the home. We asked one person if activities were provided and they said, "No. Sometimes I do a crossword puzzle." Another person said, "I used to have my nails done. It was nice having my nails done." At the time of our inspection the registered manager was in the process of recruiting an activity co-ordinator to organise social stimulation in the home.
- During our inspection we observed staff providing a karaoke activity which people were taking part in and enjoying.

Meeting people's communication needs

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

- We observed staff interacting with people and found they recognised when people required their support and staff responded to body language.
- People's care plans included information about communication and detailed when communication aids were required such as hearing aids and spectacles.

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to complaints and concerns.
- People and relatives, we spoke with gave differing views regarding raising concerns. One person said, "I don't know who I can speak to with any concerns." One relative said, "I've had lots of complaints." Others told us they could speak with the registered manager and felt they would listen and act on their concerns.

End of life care and support

- People were supported at the end stages of their lives. Staff ensured people were comfortable and that support was offered to their family members.

Is the service well-led?

Our findings

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

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

- Systems in place to monitor the service were not always effective. For example, audits in place had not identified the concerns we found in relation to infection prevention and control, the meal service and accuracy of some documentation.
- The provider visited the home frequently and carried out a review of the service. However, these concerns had not been identified during provider visits.

The provider had failed to implement ensure government systems were effective in monitoring the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team did not always promote a positive culture which was person-centred.
- We observed staff interacting with people and found they were often task focused and choices were not always offered to people. Therefore, outcomes for people varied.
- Most relatives we spoke with were happy with the support their family member received. One relative said, "I am comfortable leaving [relative] in their care."

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

- The management team were not always clear about their roles and responsibilities. For example, we found occasions where notifiable incidents had not been reported to CQC. However, incidents had been reported to the local authority and we asked the registered manager to report them to CQC retrospectively. There was no negative impact on people using the service.
- The registered manager understood their responsibilities to act on the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a system in place to involve people, the public and staff to share their comments and suggestions about the service.
- The management team and staff ensured they worked with other professionals to provide timely support

and advise.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure infection, prevention and control policies and procedures were always followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement ensure government systems were effective in monitoring the service.