

Mrs Janet Bailey & Mrs Dawn Gittens

# Norton Lodge

## Inspection report

18 Norton Village  
Norton, Runcorn, Cheshire, WA7 6QA  
Tel: 01928 714792  
Website: [www.example.com](http://www.example.com)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection was unannounced and took place on 22 and 29 October 2014. The last inspection of Norton Lodge Care Home took place on the 22 November 2013 when it was found to be meeting all the regulatory requirements.

Norton Lodge Care Home 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. 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 current registered manager has been responsible for managing the home for the past three years.

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

# Summary of findings

problems, learning disability or dementia. The accommodation is provided over two floors and is registered to take up to 32 people. At the time of our visit there were 27 people living in the home.

The registered manager Was on holiday on the first day of our visit so the inspection was undertaken with the senior carer/administrator. However on the second day the manager was available to facilitate the inspection.

The inspection took place over two days and during our visit we spent time in all areas of the home, including the lounge and the dining areas. This enabled us to observe how people's care and support was provided. The relationships we saw were warm and dignified with staff and people who used the service treating each other with mutual respect. People told us that they were treated well by people who showed that they really cared.

We found the service did not fully meet the requirements of the Deprivation of Liberty Safeguards (DoLS). Some people at the service were not able to tell us if their freedoms were restricted but we could see that they did not have clearly recorded best interest decisions in their care files. However the registered manager advised that she had been in touch with a local authority social worker who had arranged to visit the home and arrange best interest meetings to ensure all the people who lived in the home were not deprived of their liberty. This action was confirmed by the local authority who advised that they had arranged an initial visit to the service to commence their interventions.

Arrangements were in place to protect people from the risk of abuse. The people living in the home told us that

they felt safe and supported at Norton Lodge. Comments included; "The staff make sure we are safe and they make sure we are supported to do what we want without risk of harm".

The care files we looked at contained the relevant information regarding background history of the people who lived in the home. People told us that this information was recorded to enable the staff to understand people's backgrounds and needs and to know what people liked or disliked and of how they wished to live their life.

Care records were kept under review to enable changing needs to be identified and reviewed. People we spoke with told us that they felt well cared for and they had no concerns about staff skills and knowledge. There were sufficient staff to meet people's needs and staff had received an induction when they began working for the service and were able to access training to build on their knowledge and skills.

Discussions with staff members identified that they felt happy and supported and worked well as a team. They told us that the manager was most supportive and she led by example. Comments included; "I have joined a good staff team. Everyone is supportive; we are encouraged to gain as many qualifications as we can. We get quality supervision and always work together as a team."

We observed that staff responded to people's care needs promptly and people told us that care was provided as and when required.

The service had a robust quality assurance system in place which used various checks and audit tools to monitor and review the practices within the home.

# Summary of findings

## 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 safe.

People we spoke with told us that they felt that the service was safe.

Comments included; “; “The staff make sure we are safe and they make sure we are supported to do what we want without risk of harm”.

We found staffing levels took account of people’s needs and other factors which meant people’s safety was not compromised.

Medicines were managed safely for people and records had been completed correctly.

Good



### Is the service effective?

We found there were some areas that needed to improve to ensure peoples care was effective.

People we spoke with told us that they felt well cared for and they had no concerns about staff skills and knowledge. Staff had received an induction when they began working for the service and they were able to access training to build on their knowledge and skills.

We found the service did not fully meet the requirements of the Deprivation of Liberty Safeguards (DoLS). Some people at the service were not able to tell us if their freedoms were restricted but we could see that they did not have clearly recorded best interest decisions in their care files. However the registered manager advised that she had been in touch with a local authority social worker who had arranged to visit the home and arrange best interest meetings to ensure all the people who lived in the home were not deprived of their liberty. This action was confirmed by the local authority who advised that they had arranged an initial visit to the service to commence their interventions.

People’s nutritional needs were met and the menu was designed and adjusted to meet varied dietary requirements.

People’s health needs were monitored and they were able to access a wide range of mental and physical health care services. There were adaptations; such as signage and coloured handrails to assist people living with dementia.

Requires Improvement



### Is the service caring?

The service was caring.

People told us that most staff were kind to them and comments included; “Staff are kind and helpful and the manager’s door is always open, she has a good relationship with everyone”, “I love it here, I have never needed to

Good



# Summary of findings

complain, I am very happy with this home” and “Everyone is kind, I feel content here and know the staff will provide me with good care.” We observed that staff had a good rapport with people and the atmosphere within the home was one of mutual respect.

People were involved in planning their own care and they told us that wherever possible they lived a life of their choice.

## Is the service responsive?

The service was responsive.

We saw that care plans were personalised to meet people’s individual needs. We noted that care plans and risk assessments were monitored and reviewed to ensure people received the most appropriate care.

We saw that the ongoing reviews of care were regularly carried out which led to referrals to other services such as district nursing and GP practices. Feedback from district nursing services included; “We work well as a team, they are quick to call us if they have any concerns with their patients even if they are unsure. We all work together to ensure a high quality service and to ensure our patient receive the best care.”

We observed activities taking place and we noted that the home employed an activity co-ordinator who organised personal and group activities to ensure there was no risk of social isolation.

The home had a complaints policy and processes were in place to record any complaints received and to address them as per the policy guidelines.

Good



## Is the service well-led?

The service was well led.

Staff told us that the registered manager was very approachable and led by example. Staff were observed as interacting well and working together as a team. Comments from staff included; “I have joined a good staff team. Everyone is supportive; we are encouraged to gain as many qualifications as we can. We get quality supervision and always work together as a team.”

The service had a robust quality assurance system in place which used various checks and audit tools to monitor and review the practices within the home. These included weekly audits which were stored electronically and shared with the provider for discussion and appropriate actions if required.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22nd and 29th October 2014 and was unannounced. The inspection team was made up of 2 adult social care inspectors.

Before the inspection the provider sent us a provider information return [PIR] which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We contacted the local authority commissioning team and they provided us with information about their contact with the home. They told us they had no current concerns about the home.

The registered manager was on holiday on the first day of our visit so the inspection was undertaken with the senior carer/administrator and on the second day with the registered manager.

During the course of our inspection we spoke with 15 people who used the service and three of their relatives. We spoke with the registered manager, two senior carers, the administrator, the maintenance person, the cook, the activities co-ordinator and a total of eight other staff members.

We looked at all areas of the home including people's bedrooms with their permission. We looked at care records and associated risk assessments for four people living in the home and used them to track the way these plans were put into practice. We looked at other documents including policies and procedures and audit materials.

We observed medication being administered and inspected five medicine administration records (MAR). We observed a lunchtime period in the dining room and observed people being helped with their meals. We used the Short Observational Framework for Inspection (SOFI) because there were people living at the home who were living with a dementia. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

The people we spoke with told us that they felt safe at Norton Lodge. Comments included; "The staff make sure we are safe and they make sure we are supported to do what we want without risk of harm".

Relatives we spoke with told us that they felt the service was safe and they had no concerns. Comments included; "We have noticed how well looked after the people are and how the staff ensure they are safe and protected from harm" and "We know that X is safe and well cared for as we have been involved in discussions about mental capacity and how to manage risks".

On the first day we visited there was one senior on duty and four care staff. In addition there was a cook, a kitchen assistant, activities co-ordinator, maintenance person and two cleaning staff. The staff numbers were sufficient to meet the needs for different people's conditions and the layout of the building enabled staff to meet people's needs effectively. We checked the staff rotas for the home and noted that the pattern of staffing was consistent throughout the week.

Examination of staff files identified that effective recruitment procedures had been used to include undertaking appropriate checks to ensure the staff were suitable to work with vulnerable people. Staff members told us that when they applied to work at Norton Lodge they had been required to complete an application form and provide two references. They said that after interview and subsequent appointment they had a period of induction before they were required to carry out their duties within the home. Records viewed confirmed this.

Services which are registered are required to notify the Care Quality Commission of any safeguarding incidents that arise. Records showed that Norton Lodge had done this appropriately when required.

Staff told us that they had received training in protecting vulnerable adults and that their training was updated on a regular basis. All staff spoken with demonstrated their

understanding of the process they would follow if a safeguarding incident occurred and told us what their responsibilities were when caring for vulnerable adults. Staff were clear about the meaning of the term 'whistle blowing' and one staff member said that "I would whistle blow if I thought that this home was doing something wrong and ensure that they put it right". Staff training records confirmed that the majority of the staff had completed training in safeguarding.

Care plans viewed identified risks to people's health and wellbeing, such as falls, nutrition and pressure sores. Records showed that care plans and risk assessments were reviewed on a regular basis to ensure that the people who lived at the home were safeguarded from unnecessary hazards.

We observed a medication round and examined medication record sheets for five of the people who lived in the home. We noted that medicines were managed safely for people and records had been completed correctly.

We observed staff undertaking a staff handover when they changed shift. The process involved sharing of need to know information to ensure staff were aware of any issues or areas of concern and therefore could provide appropriate care and support.

The home environment was one of calm and comfort and there were no unpleasant smells. The lounge and dining areas were clean and tidy and free from clutter. However, on the first day of our inspection we noted that there were five single bed mattresses stored in a stairwell. This was discussed with the administrator and maintenance person who told us that they were awaiting removal that afternoon. At the time of our second visit we noted that the beds had been removed.

There was a fire risk assessment in place and people had personal evacuation plans in their care files. Care files were in the process of being updated to identify the individual moving and handling plans for service users to include colour coding (red, amber, green) which indicated how much support they required for their mobility.

# Is the service effective?

## Our findings

People told us they were happy with the layout and facilities provided within Norton Lodge. Communal rooms presented as being comfortable and staff told us they had done their best to make it look homely.

Bedrooms were personalised with the use of people's own furniture and personal items and we noted most rooms held items which were a reflection of their interests and life style.

There was signage to help people with a sensory or cognitive impairment find their way around the building and the home had used different coloured features such as hand rails to aid those people who were living with dementia or to act as a memory stimulant. This meant that the environment was adapted to suit everyone who lived at the home.

During the inspection we were able to speak with staff and observational practices evidenced that they were always visible in the communal rooms throughout the visit.

Staff records showed that staff received support, induction, supervision and appraisal. Supervision records showed that supervision took place but not always in a timely manner. We discussed this with the home manager on the second day of our inspection and she confirmed that supervision was up to date but the records were held on the computer system and had not yet been transferred to individual staff files. This was confirmed by viewing electronic records. Supervisions are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this may include discussion of on-going training needs.

All the staff spoken with told us that they received structured supervision and regular training to update and enhance their skills. Training records viewed confirmed that staff training was on-going to include moving and handling, medication management and food hygiene. One member of staff was asked how her training and development needs had been identified, and whether this was done within the context of her supervision, she replied that "I am asked during supervision if I feel that I need any extra training and if I do it is arranged". Staff training records also showed that all staff had received training on the Deprivation of Liberty Safeguards, [DOLS]. The training also included the Mental Capacity Act [MCA].

People who used the service felt their health needs were met "If I need the doctor staff will get them here as soon as possible", "The district nurses come here most days and they are good" and "The manager sorts it all out for us if we need medical care."

One of the staff told us, "Everything we know about people is recorded on file to make sure we know people's needs, to include health needs." Another staff member said that the home had daily handovers after each shift to let staff know about people's current needs.

We spoke to visiting health professionals during our inspection and they were satisfied that the staff were providing the care that people needed appropriately and that staff followed their advice. One health professional said "We work well as a team; they are quick to call us if they have any concerns with their patients even if they are unsure. Liaising with any updates with needs, paying special attention to complex end of life patients and in my experience they liaise well with families. They support the district nursing service with wound care ensuring dressings are available and documentation is secure. Any advice we give to promote care they will carry out and do their documentation i.e. commencing turning charts and diet charts, the use of pressure equipment and much more and alert us to any issues with equipment."

Care plans held details about people's specific needs around eating and drinking to include likes, dislikes and dietary needs.

People using the service had mixed experiences around meals and mealtimes: "The food is excellent and I can eat wherever I like really. Sometimes I like to eat in my room. You get a list to choose from", "Generally there will be something I like but if not then they'll give me something else. I always eat my meals they are fine" and "The food is alright. It is edible and it is plentiful but it is not always to my taste. They do give me something else if I want it."

When asked about the availability of snacks and drinks when they wanted them people said, "They come round at regular times with tea and biscuits and you can also ask for a drink when you want, or make your own". A relative said "We are always offered drinks and snacks when we visit and the food appears to be varied and appetising."



# Is the service effective?

There was a facility for people who lived in the home or their visitors to make a drink for themselves although people told us that they were always provided with drinks so did not have the need to “make their own”.

We observed a lunchtime period using SOFI. One person living with dementia needed assistance with eating and drinking and the member of staff assisting was able to provide assistance without comprising the person’s dignity.

Catering staff told us that choices were always available and special diets such as gluten free and diabetic meals were provided if needed. Staff told us that there was a menu in place and a variety of alternatives available on request.

We saw that staff monitored people’s weights as part of the overall planning process and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk.

We asked staff what they would do if a person was not eating and drinking adequately and they told us “we put them on a three day food and fluid chart and monitor them closely.” When asked what they would do if the person lost any weight they said “we will ask for nutritional advice.”

We saw from people’s care plans that the service had contacted health professionals when people required additional support with nutrition. For example one person had received advice from the Speech and Language Therapist (SALT) and another person who had some weight loss had been seen by the dietician and a plan put in place to help to help maintain their weight.

The provider completed their provider information return (PIR) and told us they had made no Deprivation of Liberty Safeguards (DoLS) applications to the local authority. In March 2014 a supreme court judgement made it clear that if a person lacking capacity to consent to arrangements for their care, is subject to continuous supervision and control and is not free to leave the service they are likely to be deprived of their liberty. We were told that seven people with a dementia lived at Norton Lodge who were not able to leave without assistance. This meant that the provider was not fully protecting the rights of service users by arranging for an assessment to be carried out which would test whether or not those people were being deprived of their liberty and whether or not that was done so lawfully. However the registered manager advised that she had been in touch with a local authority social worker who had arranged to visit the home and arrange best interest meetings to ensure all the people who lived in the home were not deprived of their liberty. This action was confirmed by the local authority who advised that they had arranged an initial visit to the service to commence their interventions.

We saw that some service users were unable to consent to care and treatment and had a mental capacity assessment completed to clarify what decision was being tested. The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person’s best interests.

**We recommend that** the manager refers to the MCA Code of Practice to ensure that people who lack capacity have their rights protected.



# Is the service caring?

## Our findings

People we spoke with told us they were well cared for by people who had the skills to look after them. Comments included, "I feel cared for, I don't know where I would be without them", "They look after me very well, I call them my friends", "They all know what care I need and are really nice people" and "I can have a laugh with them but I know that they understand my illness and provide me with excellent support."

Personal life history documents were completed for people who lived in the home. Staff told us that this helped them to know people's history which enabled staff to engage with people about hobbies and interests and various other aspects of their lives as they settled into the home. Records showed that individual needs, choices and interests were recorded and acted upon. People told us that they were able to choose an activity to ensure it was what they wanted to do. One person told us that because of the diverse needs of the people who lived in Norton Lodge the activities varied a lot. However the activities programme showed that all activity was planned around the wishes, choices and capabilities of each person who lived in the home. Examples of this were shopping trips, outings to the pub, quizzes, bingo and pampering sessions.

We saw that the people who lived at Norton Lodge were helped to maintain their personal hygiene and looked well cared for and presented as being comfortable within their surroundings.

Staff told us that they tried to make time to talk with people and we saw clear examples of some staff and service users having very good trusting relationships. Staff interactions with the people who lived in the home were warm and friendly and showed mutual respect and rapport. We observed staff carrying out their care practices and noted that they fully engaged with each individual to ensure that they understood and were in agreement with whatever task

was needed. Examples included when staff were required to carry out personal care tasks or provide medication, staff explained what they needed to do and waited for the person's agreement rather than assuming their consent.

Discussions with staff identified that they knew the likes and dislikes of all the people who lived at Norton Lodge and had clear understanding of their individual needs. Staff told us that they enjoyed working at the home and loved the people who lived there. Comments included; "We really do care for the people who live here, they are all special and are treated like family", "I love working here as it is such a friendly place and we know the people who live here are treated well and are happy" and "it is my pleasure to look after such nice people."

Staff told us that they worked well with visiting health care professionals and obtained advice and support to ensure people's choices were adhered to, especially end of life care. We noted in one care file that a person who lived at the home had recently passed away and his end of life care was detailed in terms of his choices both before and after his death. Records show that his afterlife care was as he requested to include his funeral arrangements.

Personal information about people who lived in the home was securely stored in a locked cabinet to ensure that confidentiality was maintained.

We toured the premises and with people's permission we viewed their bedrooms. They presented as being homely, personalised and comfortable. People told us that they were very happy with their rooms and felt very much "at home and at peace within them."

People told us that staff were kind to them and comments included; "Staff are kind and helpful and the managers door is always open, she has a good relationship with everyone", "I love it here, I have never needed to complain, I am very happy with this home" and "Everyone is kind, I feel content here and know the staff will provide me with good care."

# Is the service responsive?

## Our findings

All the people we spoke with told us that they felt they were involved in planning their care and knew all about their care plan. One of the three visiting relatives told us that they had been involved with the care plan. The other two relatives said that they were aware of the plan but were not “that close a relative” and had left that to the person’s close family.

We could see that care and support plans had been written and reviewed by staff and the signatures on the plan showed that the people living in the home or their representative had been involved in planning their care.

Five care plans viewed were personalised and reflected the needs of the individual. They were written in a style which would enable the person reading it to understand what help and support people needed and when it was required. Plans were well maintained and up to date and held need to know information to include visits and actions from visiting professionals such as GPs and district nurses.

The care files we looked at held detailed information about people’s current needs. They also contained relevant information regarding people’s past history to include wherever possible birth family, school/employment information, lifestyle, likes and dislikes, hobbies and interests. Staff told us that information about people’s past can assist them in respecting the person for their individuality and help staff to provide care which is responsive to need.

Records showed that people who wished to live at Norton Lodge had undertaken a pre admission assessment to ascertain if their needs could be met. These assessments had been completed for all the people who lived at the home prior to them being offered a placement. Information on file showed that these assessments had been carried out in various settings; such as hospital, respite centre or the person’s own home. We looked at the completed pre-admission paperwork which included contributions from people’s families, social workers, mental health workers and any other professional involved. This enabled staff of Norton Lodge to gain insight into the background and current needs of the person who wished to move into the home and to make a decision as to the suitability of the home to meet all assessed needs.

Staff told us that on admission to the home people were provided with a care plan and the people who moved in or their representative were asked to sign the plan to obtain their consent or to agree to care. Care files viewed confirmed that this process took place.

Records showed that risk assessments and care plans were regularly monitored and reviewed and as a consequence referrals were made to other services such as tissue viability, mental health services and hospital clinics. A person who lived in the home said that they had been referred to a community psychiatric nurse who had helped enormously.

The home employed an activities co-ordinator. They explained that their role was to help plan and organise social activities both on a communal or individual basis. We noted that at the time of our inspection the activities co-ordinator was engaged on a one to one basis and had taken a person out shopping. Staff told us that the people who lived at Norton Lodge were asked what kind of things they wanted to do and the activities rota was planned accordingly. Activities included shopping trips, outings to the pub, quizzes, bingo and pampering sessions.

The home had a complaints policy and processes were in place to record any complaints received and to address them as per the homes policy. The manager told us that no complaints had been received this year.

People spoken with told us that they knew how to complain and had been provided with the complaints policy when they first moved into the home. Two people who lived in the home told us that if they did not like anything “they just have a moan” and knew that “it would be sorted”. All other people told us they had no need to complain as “the home is sound.”

We noted that the home had received a number of thank you letters from the families of past residents. Comments from these included; “kind, caring, compassionate, don’t know how we would have managed without you.”

A service user guide was available for anyone moving into the home which gave detailed information about how the home was run. This information included daily life within the home, social contact, services provided, care and treatment, fees, health and safety issues and how to make a complaint. We noted that a copy of the service user guide was available at the entrance to the building.

# Is the service well-led?

## Our findings

Staff were adequately supervised and staffing levels enabled staff to provide effective care and support to the people who lived at Norton Lodge.

Communication was effective with the manager holding staff and residents' meetings on a regular basis where information was shared. We looked at the minutes that were kept of these meetings with the names of the attendees recorded.

Staff spoken with said that the registered manager was very approachable, had an open door policy and led by example. Observations of staff during the inspection demonstrated how well they worked as a team and as a consequence provided a seamless service. Comments from staff members included; "I was lucky to get a job here, we all work well as a team", "The manager does care about the people who live here and as a consequence it is run as a family home in which everyone is respected and well looked after, including the staff" and "We all know our jobs and are supported by the manager and each other to ensure that the people who live here are happy and well cared for".

The manager told us that the home employed a maintenance person who held responsibility for the

general checks on the building. The manager said she also did a daily walk around the home to check the home was running smoothly and that all equipment and appliances were safe. Records showed that their findings were recorded on a daily management report.

The provider had a quality assurance system which included the use of questionnaires being sent to the people who lived in the home, their representatives and any other person who may be involved with the services provided. Feedback from those that had been returned were positive and included comments; "The home is good and we are asked what we think of the services provided" and "No problems with this home."

An electronic audit system was in place to monitor and review the services provided by Norton Lodge. We looked at this system and noted it was recorded weekly. The manager told us that this audit was examined by the providers and any issues or areas of concern were discussed and dealt with as required,

Discussions with people who used the service and their relatives and friends were positive and comments included; "We think this place is very good and staff work hard to ensure the people who live here get what they need" and "I like it here as staff ask me what I want to do and make sure I can do it."