

Norton Lodge Limited

Norton Lodge

Inspection report

18 Norton Village
Norton
Runcorn
Cheshire
WA7 6QA

Tel: 01928714792

Date of inspection visit:
14 February 2023
16 February 2023

Date of publication:
13 April 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Norton Lodge is a residential care home providing personal care to up to 32 people. The service provides support to older people, a number of whom live with dementia. Accommodation is provided over 2 floors with shared living spaces on the ground floor. At the time of our inspection there were 27 people using the service.

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

We found improvements were needed to ensure people received their medicines safely and also have appropriate risk assessments and care plans which reflected their current care needs. Equipment used to reduce risks to people's physical health were not always routinely serviced and in full working order.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Routine audits and checks had either not identified the improvements needed at Norton Lodge; or sufficient action had not been taken in a prompt manner to address the improvements which were needed.

There had been a change in manager at Norton lodge since our last inspection and recent new additions of a new deputy and operations managers were imminently planned. The provider told us they were confident the additional resources would support the manager to drive improvements.

Although we found some improvements were needed, people did speak positively of the care they received at Norton Lodge and they were supported by staff who knew them well. Appropriate checks on staff were in place to ensure they were suitable for the role before working with people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 June 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement.

Why we inspected

We received concerns in relation to the safe management of medicines and meeting people's care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norton Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, consent and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 with the 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 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

This 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 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 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.

The registered manager had recently left and a new manager had been in post for 2 months. The new manager was in the process of submitting an application to register.

Notice of inspection

This 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 6 people who used the service, 3 family members and 1 visiting professional about their experience of the care provided. We also observed interactions between staff and people who used the service.

We spoke with 8 members of staff including the home manager, carers, domestic and kitchen staff.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely. Staff did not always follow prescribers' guidance when administering medicines. Some medicines were given at the same time as other medicines or food when they should be administered on an empty stomach.
- Staff did not always observe a 4-hour gap between doses of paracetamol. There is a risk of overdose if doses of paracetamol are given too close together.
- One person was prescribed specific timed doses of medicines to relieve the symptoms of a neurological condition. We found the person sometimes received their medicines late. They also had missed a number of days dosage of one medicine due to a lack of stock.
- A number of people were prescribed a thickening agent which was added to drinks to reduce the risk of choking. Not all staff recorded when thickener had been added. This meant we could not be sure this was always done properly.

Systems had not been established to ensure medicines were managed safely. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed additional training was being completed with staff around medicines administration. Additional checks were being made on the existing systems in place to improve practice.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess, monitor and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Pieces of equipment used to mitigate risks to people's physical health was not sufficiently maintained or checked to ensure they were safe to use. We found the routine servicing for pressure relieving mattresses for 2 people was 6 months overdue and 1 of these mattresses was showing as faulty.
- Staff were unable to tell us what setting a person's mattress should be set at. Pressure mattress setting are normally based on a person's weight. We were unable to establish people's mattresses were set correctly.
- Another person's care plan did not accurately reflect the measures in place to reduce their risk of falls. This person had experienced a number of falls in recent months and used a sensor mat when alone in their bedroom. This was to be placed on the chair to alert staff if they were moving around without support. We found the sensor mat was not being used and was tucked under the person's bed. When we checked, it was not working. We raised all these equipment issues with the manager who took steps to address the shortfalls.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.
- We observed staff use safe moving and handling practices when supporting people.

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

- Improvements were needed to ensure people were fully protected from the risk of abuse and to ensure the service learned lessons from incidents which occurred.
- At the time of our inspection, there were a number of incidents which had been investigated by the local authority safeguarding team. Progress to make necessary improvements and changes to people's risk assessments and care plans had been slow. On a number of occasions, we found risk assessments and care plans either did not reflect people's current care needs or lacked sufficient detail to mitigate risk.
- Systems to review accidents and incidents did not always prevent the risk of harm or demonstrate how lessons learnt were identified and shared with the staff team to avoid a reoccurrence. Records detailed the actions taken in response to specific events which occurred. However, some of these records were not fully completed and there had been no detailed analysis for trends due to recent management changes at Norton Lodge.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection and provided us with updates on progress against the areas of improvement we raised. We also received assurance from the local authority safeguarding team that the risk assessments and care plans of people which had been subject to safeguarding investigations had now been updated.

- People who lived at Norton Lodge told us they felt the care provided by staff was safe. One person said, "Oh yes I'm safe here, well looked after, everyone gets on here."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We observed staff were attentive and available to meet people's needs on both days of our inspection.
- One family member spoke to us about recent staffing difficulties at Norton lodge. They said, "If you'd have asked me how things were around Christmas and just after, it was awful. It would be a different story. I was angry, there was a lot going on. The managers were coming and going, staff were leaving, there was a big turnover. But in the last two weeks it seems to be turning round." This person added, "The staff seem to be settling and are great with [Name]."
- We discussed staffing levels and recruitment with the manager who confirmed there had been difficulties when they came into post; but told us this was now improving.
- Staff were safely recruited. Appropriate checks had been made before being offered employment.

Preventing and controlling infection

- Improvements were needed to ensure people were fully protected from the risk of infection.
- Areas of the service needed refurbishment to ensure safe and hygienic standards were maintained. In particular, some redecoration of communal corridors and bathing facilities was needed. We raised this with the provider who told us they would take action to address this and updated us about some improvements which had already been started.
- Other systems to prevent and control infection were appropriate. Systems were in place in the event of an outbreak of an infectious illness at the home.
- The provider was enabling visiting in line with government guidelines.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 provider as not always working within the principles of the MCA.
- Systems to monitor who had an applied for or approved DoLS in place were inaccurate and not up to date. We found the DoLS authorisation for 1 person had expired and had not been reapplied for in the required timeframes.
- For another person, the systems and care plan did not reflect a DoLS which had recently been approved. This meant we could not be sure the manager was aware of whether the conditions within this authorisation were being met.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure consent to care and treatment was sought in line with law and guidance. This placed people at risk of harm. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were trained to meet the needs of people however some records were incomplete and some training needed updating.
- Staff received an induction when they started employment however this was not always recorded.
- The provider had recently appointed a new trainer who was working with the manager to ensure all staff

received up to date training.

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

- The nutritional needs of people were being met. Staff were aware of people's dietary needs and preferences.
- We observed positive interactions and support being provided to people at mealtimes. People also told us they liked the food on offer. Comments included, "The food's good, it's hot," "Yeh, the portions are good. If I didn't like something, I think they'd get me something, I'm not fussy, I like what I get" and, "[The staff] know what I like."

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

- The environment was suitably adapted to meet people's needs. People were encouraged to personalise their rooms with photographs and personal items.
- Directional signage was in place to help people who lived with dementia find their way around. There were sufficient spaces for people to use to relax and socialise if they chose to do so.

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 care needs had been assessed before they moved to the service.
- Staff worked with other agencies to ensure people received consistent, effective and timely care.
- Records confirmed people were supported to access their GP and other health services when required. There had been some recent challenges experienced in arranging regular multi agency meetings to discuss people's health needs. However, a visiting professional we spoke with told us this was improving.

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 requires improvement. The rating for this key question has remained 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.

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

- Audits and daily checks to monitor standards and to identify where improvements could be made were not always effective. Issues we found at this inspection with MCA and DoLS and defective equipment had not been identified. Other areas were known, such as improvements needed with medicines management and risk assessments, however sufficient progress to address shortfalls had not been made.

Systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the service or mitigate the risks relating to the health, safety and welfare of people. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection, the management team had changed. There was a new home manager who was yet to apply to register with CQC. The deputy manager had recently left. A new deputy had been recruited but a start date was to be arranged.
- The new manager demonstrated an understanding of the improvements needed however daily staffing pressures had impacted on their ability to always address issues in a timely manner. We discussed this with the provider after our inspection who told us a new operational manager was now in post who was working with the manager to continue to improve the quality of the service.

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 manager understood their responsibility for notifying the CQC of events which occurred within the service; however not all notifications had been made or had not been made in a timely way. We discussed the importance of this with the manager and the provider following our inspection. We will check this has improved at our next inspection.
- The manager demonstrated an understanding of their responsibilities under duty of candour.
- Information contained within care plans and received as part of our inspection demonstrated the staff at Norton Lodge worked in partnership with other agencies.

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

- People had not always had the opportunity to share their views and be fully involved in the running of the service. Team meetings and staff supervisions had not been completed in recent months. This meant staff had not always been able to discuss issues or contribute their views about how the service could be improved. The new manager was addressing this and in the process of completing supervisions. Team meeting dates were planned.
- The provider sought feedback from people through surveys and questionnaires. The activity worker was planning meetings for people who used the service at the time of our inspection.
- In general, people spoke positively about the care they received and told us staff were approachable. Comments included, "I'm very happy, the girls are all great. I love them all," "It's good, I can't fault them. If I need anything I just have to ask, I don't worry about anything" and, "I don't know but I've had no cause to complain. There's been the odd occasion I've had to say something to the staff but we've sorted it out and that's it."

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 11 HSCA RA Regulations 2014 Need for consent Systems were either not in place or robust enough to ensure consent to care and treatment was sought in line with law and guidance.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 had not been established to ensure medicines were managed safely.</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the service or mitigate the risks relating to the health, safety and welfare of people.</p>

The enforcement action we took:

Warning Notice