

# Country Court Care Homes Limited

## Norwood Grange Care Home

### Inspection report

Norwood Grange  
Longley Lane  
Sheffield  
South Yorkshire  
S5 7JD

Tel: 01142431039

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Norwood Grange Care Home is owned and managed by Country Court Care Homes Limited. It is purpose built to provide accommodation and care for up to 35 people. The home provides care for people living with dementia and mental health needs. At the time of the inspection 31 were using the service.

### People's experience of using this service:

People told us they felt safe at Norwood Grange and they were consistently treated with kindness, dignity and respect.

People's care records contained guidance for staff about how to support people safely and minimise risks to people. Staff were trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected any abuse.

Some improvements were required in recruitment processes to provide further assurances staff were suitable to work in the care service.

The service had systems in place to ensure people received their medicines as prescribed. Staff supported people to maintain their health by making appropriate referrals to community health professionals and acting on any advice they were given.

There were enough staff on shift to keep people safe and we observed staff respond to people in a timely manner throughout the day. Staff told us they thought there were enough staff to meet people's needs.

People received personalised support from staff who knew them well. People's likes, dislikes and social histories were recorded in their care records. This helped staff care for them in a personalised way.

Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively.

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

People were happy with the food provided at Norwood Grange. The service catered for people's special dietary requirements and staff monitored food and fluid intake levels of people who were assessed to be at risk.

A range of activities were provided for people living at Norwood Grange which considered people's interests and wishes.

The provider had an effective complaints procedure in place. Information about how to complain was displayed in the entrance to the home. People and their relatives knew how to complain if they needed to.

The provider and registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis. Some improvement was needed to ensure CQC were informed of all notifications required under legislation.

Staff told us they enjoyed their jobs and they worked very well together.

Rating at last inspection:

At the last inspection the service was rated Good (report published 7 October 2016)

Why we inspected:

This was a planned comprehensive inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring

Details are in our Caring findings below.

**Good** ●

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

The service remained responsive

Details are in our Responsive findings below.

**Good** ●

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

The service remained well-led

Details are in our Well-Led findings below.

**Good** ●

# Norwood Grange Care Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors.

#### Service and service type:

Norwood Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

The current registered manager was in the process of registering as manager to another of the providers homes. They were currently supporting the new manager at Norwood Grange one day a week as well as providing support as and when required. The new manager was in the process of applying to register with CQC. Both managers were present on the day of inspection.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before this inspection we reviewed information, we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted social care commissioners who help arrange and monitor the care of people living at Norwood Grange. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received from these organisations to plan our inspection.

During this inspection we spoke with five people living at Norwood Grange and three of their relatives and friends. We spoke with 11 members of staff which included the registered manager, the manager, deputy manager, senior care assistant, two care assistants, the cook /catering manager, ancillary staff and the activities coordinator.

We looked at three people's care records. We checked four medication administration records and six staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing staff interacting with people. We also 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.

We spent time observing the daily life in the service and we looked around the building to check the home was safe and clean.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. Comments included; "I have always felt safe here. I also have a key to my room" and "Yes we are very safe and well cared for." Relatives said, "I feel [name] is much safer here than at home" and "[Name] is safe here, no regrets."
- Staff had received safeguarding training. They understood how to recognise abuse and protect people from the risk of abuse.
- A system was in place to record and monitor any incidents and appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce risks to people.
- People's care records included assessments of specific risks posed to them, such as risks arising from mobility, nutrition, skin integrity and falls. Care records contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were reviewed each month or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. We found personal emergency evacuation plans (PEEP) were kept for each person for use in an emergency to support safe evacuation. The PEEP document showed incorrect numbers of people using the service. The manager updated the document before the inspection finished. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. This was last updated in January 2019.

Staffing and recruitment

- Staff told us they felt there were enough staff to meet people's needs. People and relatives were generally positive about staffing levels. Comments included, "I suppose there could always be more staff but there are enough to keep people safe", "There are odd times when there doesn't seem a lot of staff but I have never seen people alone in the lounge" and "I have a buzzer and staff respond quickly when I press it."
- There were enough staff on shift to keep people safe. The registered manager used a dependency tool to calculate the number of staff required to meet peoples' needs. The dependency levels were recalculated at appropriate intervals, to check there were enough staff on each shift.
- During this inspection, we saw staff were available to meet people's needs in a timely manner. We saw staff responded promptly when people required support.
- We checked the staff files of the last three staff recruited. The provider completed pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from

previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

- Some improvements were required in recruitment processes to provide further assurances staff were suitable to work in the care service. We found staff had commenced employment before the DBS checks were returned. One staff had been employed for over two months before the DBS check was returned. It was noted the DBS checks were clear. However, the providers own recruitment policy advised managers to complete a DBS pre-employment risk assessment if there was a wait for the DBS being returned. The policy stated that new employees should not normally commence work pending DBS results, this should only be considered in exceptional circumstances.
- Risk assessments were in place but there was no evidence as to why staff were started or if there were any exceptional circumstances. The registered manager said the staff were needed because of staffing shortages, however, this was not recorded. The registered manager provided us with another three staff files to check of staff recruited earlier in 2018 which showed DBS had been received before staff commenced employment.

#### Using medicines safely

- There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed. Medicines were stored safely and securely.
- Controlled drugs (CD's) are prescribed medicines that have additional safety precautions and requirements. There are legal requirements for the storage, administration, records and disposal of CDs. The service met these requirements.
- Medicines management policies and procedures were in place. Records showed staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place in people's care records to provide important information to staff.

#### Preventing and controlling infection

- The home was visibly clean in all areas and there were no unpleasant odours. People and relatives told us the home was always kept clean. One relative said, "The cleaners here are great, they do a good job and are lovely."
- There had been a recent outbreak of the Norovirus. The registered manager said advice had been sought from public and environmental health and a deep clean of the home had taken place and there were no longer any restrictions to visiting or admissions to the service.
- There was an infection control system in place. The system was regularly audited to check it was effective and being implemented correctly.
- Staff followed cleaning schedules and had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately during our inspection.

#### Learning lessons when things go wrong

- The provider had a system in place to learn from any accidents or incidents. This reduced the risk of them reoccurring. The provider was keen to learn from these events.
- The registered manager and provider analysed accident and incident records to identify any trends and common causes. These included the locations and times of any accidents involving people who used the service.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into Norwood Grange to check the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
- Staff received regular supervision to review their competence and discuss areas of good practice or any improvements that were needed. The registered manager and manager completed annual appraisals for all staff. Staff told us they felt supported by the manager and registered manager and they felt able to raise any concerns or questions with them.

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

- People and their relatives were positive about the food options. Comments included, "The food, you can't fault it", "They serve good meals here" and "[Name] Likes to eat by the TV, which they do."
- People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences.
- Where people required a special diet because of medical or cultural reasons, this was catered for. The cook was knowledgeable about people's dietary requirements and people's care records contained clear information about their dietary needs and preferences.
- Senior staff-maintained oversight of people at risk of malnutrition or dehydration. Staff recorded the food and fluid intake of people assessed to be at nutritional risk. Where people were not consuming a sufficient amount of food and fluid, this was closely monitored, and advice sought from relevant community health professionals.
- We observed all three meal services during this inspection, breakfast, lunch and tea.
- At lunchtime we saw an interesting initiative at Norwood Grange called 'dance into dinner'. This helped orientate people to time, provided a pleasurable activity and assisted with movement. Loud music played, and staff danced with people into the dining room. The exercise seemed quite relaxed and quite a lot of people joined in (others just ignored it and were not 'forced' to join in). Music was turned down as people

were seated.

- At lunchtime most people were seated in dining room and two people in the lounge area (out of choice). Initially everyone was offered a choice of hot or cold drinks. People were served their meal which they had requested earlier in the morning, one person said they didn't their original meal choice and an alternative was offered. The food looked well presented. Staff sat with people to support them to eat where needed, staff gave encouraging words and explained what they were doing to people. The cook came into the dining area and asked if anybody wanted anything else to eat. Overall the service wasn't rushed.
- At 16.30 we saw people being assisted to the table for tea. We had observed people had been finishing their lunch at 1.30pm. This meant there was not much time between meals. We discussed this with registered manager and manager. The registered manager contacted us two days after the inspection to say they had spoken with staff and the kitchen regarding meal times. They said tea service had been previously adjusted from 5:15pm to 4:30pm as some people were asking for a sandwich earlier than 5.15pm and becoming unsettled. There were also two people who didn't like a hot lunch, so they had a sandwich then and a hot tea at tea time. The registered manager said the tea time would be monitored and adjusted dependant on people who were living at Norwood Grange at any specific time.

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- People and their relatives were positive about the support they received to maintain their health. Comments included, "The staff are very good, they are very good at with helping me with my personal hygiene", "[Name] is comfortable here", "I think the staff are good with [name]" and "I think staff treat people very well."
- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as GP's and the community nursing service. This supported staff to achieve good outcomes for people and helped people maintain their health.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- People's care records contained assessments of people's capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. During the inspection we always observed staff asking people for consent before they delivered care.

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

- We found the accommodation was well maintained and well decorated, which provided a pleasant living

space. The lounges and dining area were interconnected, and people could walk through these without being stopped, this area was secure.

- There had been significant refurbishment and redecoration of the premises over the last year. There was improvement in the signage, contrasting decoration for easier recognition of bedrooms and fewer patterns on carpets and decoration to enhance the quality of life for those people living with dementia. It may benefit people if a larger face clock is displayed in the lounge area to further assist people with orientation.
- We were also shown a new family/activity room which was being furnished and near completion which will provide an additional quieter area for people and families to use.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were happy with the care provided and praised the staff. Comments included, "Staff are lovely", "It's a happy home", "Overall, I can't fault it here", "What can I say it is some homely here, lovely" and "Staff are good with all the residents."
- We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who we could not to speak with. We saw people were cared for and supported by staff that were kind, patient and respectful. Staff shared conversation with people and were attentive and mindful of people's wellbeing. People were always addressed by their names and staff knew them well.
- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- The service welcomed people's relatives and friends into the home to support people to maintain important relationships. We observed staff at all levels had developed relationships with people's families. One relative told us, "We are always made to feel welcome, I enjoyed having lunch here on Mother's Day." One relative told us how staff helped a person keep in touch with another member of the family who could physically visit the home. They told us staff set up Facebook and Skype, so they could speak to each other.
- All staff told us they would recommend Norwood Grange to family and friends. Staff felt the service provided a good quality of care and people were well treated by a staff team who cared for them. All staff told us they enjoyed their jobs, and this was evident from our observations during the inspection.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People receiving support and their relatives were invited to take part in reviews of their care. This gave them the opportunity to have input into the development of their care plans and to explain their needs, wishes and choices so they could be recorded and acted upon.
- The registered manager was aware of the need to consider arranging the support of an advocate if people did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf. Information about advocacy services was available in the reception area of the home.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff

knocked on doors before they entered bedrooms or toilet areas. The provider had an effective policy in place regarding privacy and dignity, which supported the staffs' practice in this area.

- Relatives told us, "The staff are always friendly and polite" and "staff treat everyone with respect" They are all caring. So respectful."
- People's care records were locked away safely and securely so only people who needed to read them could access them.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. Our observations during the inspection showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records were person-centred and accurately described what support they needed from staff. Care plans provided detail about each area of support people required, such as support with nutrition and hydration, mobility and medication. They described how staff should care for each person, to promote their physical and mental wellbeing.
- People's care plans were reviewed monthly or sooner if a person's needs changed. This helped to make sure people consistently received the correct level of care and support.
- Care records clearly documented people's likes, dislikes and social histories. This supported staff to get to know people well and provide a personalised service.
- The service identified, recorded and shared relevant information about people's communication needs, as required by the Accessible Information Standard. The Accessible Information Standard aims to make sure that people with a disability, impairment or sensory loss are given information in a way they can understand. People's communication needs were assessed when they moved into the home and were kept under review. This helped to make sure people were provided with information in the right format so they could remain actively involved in making decisions about their care.
- People had access to a wide range of activities both in the home and in the wider community. People and relatives told us, "There is always something going on, [activity coordinator] does a lot", "[Name] likes to spend time downstairs, they read papers and books" and "[Name] likes to join in the activities, have a sing song and goes out. He does go out in the minibus, [person] goes all over, pubs, animal farms."
- There was an activity coordinator who worked flexibly over the week but mainly Monday to Friday and offered people the opportunity to pursue their hobbies and interests. There was a variety of activities advertised on notice boards including regular outings throughout the year and parties at various times of the year. Relatives told us how they had enjoyed a Mother's Day lunch with families invited.
- Staff told us about a 'make a wish project' for people and how one person went to football game, one went to Cadburys world and another person enjoyed fish and chips at the seaside. A trip to an aquarium was planned for three people the day after our inspection. Staff said they had access to a minibus once a week and they were continually raising money to fund as many external activities for people.
- During the inspection we observed periods of time where people were engaged with staff in conversation or where they were taking part in activities arranged by the activity coordinator or staff. We saw people were playing dominoes, staff were painting lady's nails or people were sat happily chatting to each other and listening to music or watching TV. One person was cleaning the dining room floor with a member of staff. They seemed quite happy. Staff were telling them they were a great help and the person was laughing whilst sweeping.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure in place. It explained how people and

their relatives could complain about the service and how any complaints would be dealt with.

- People knew who to speak to if they had any concerns or if they had a problem. People's relatives also knew who to complain to. One relative commented, "I know [manager and registered manager] well. I have never had the need to complain but if I had a problem I would speak to them." Another relative told us they were confident [manager] would listen to any concerns they raised.
- We checked the service's complaint records and found historical complaints were appropriately recorded, investigated and responded to, in accordance with the provider's policy and procedure.

#### End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. These plans described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.
- Staff worked closely with the community palliative care team when people were at the end of their life. This supported staff to ensure people received any specialist support and medicines they needed to remain comfortable and pain-free.
- It was positive to see the majority of staff had undertaken training in end of life care.

## 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives of people who used the service told us the service was well led and they felt listened to. They said, "Overall we cannot fault it here."
- The registered manager and new manager were open and transparent and had good communication with staff, people who used the service and their relatives.
- The management team were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the service, which was driven by the senior managers.

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

- The current registered manager was in the process of registering as manager to another of the providers homes. They were currently supporting the new manager at Norwood Grange one day a week as well as providing support as and when required. The new manager, who was the previous deputy manager, was in the process of applying to register with CQC. Both managers were present on the day of inspection.
- Without exception, staff, relatives and people we spoke with provided positive feedback about the new manager and the way the service was being run. A relative said, "We have known[manager] a long time she is very good."
- The registered manager and manager were aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that a notification had not been sent to us in the last month following an outbreak of the infectious Norovirus. This meant the service had not fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009. We held a discussion with the registered manager and manager who said there was some confusion about the guidance and the need to submit such a notification. The statutory notification was retrospectively submitted by the registered manager on the day of inspection.
- Quality assurance systems were effective. Audits we reviewed identified areas for improvement and action plans showed these were acted upon.
- Senior managers visited the service regularly to assess the quality of service provision and provide support to the registered manager. We saw visit reports were thorough and identified any actions required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings took place, so the provider and manager could share information about the service and discuss any areas that required improvement with staff. Staff also had the opportunity to provide feedback during their supervision and appraisal meetings. We were told about the 10/10 meetings that happened every morning. This was an opportunity for 'heads of department' to meet to discuss plans for the day and any foreseeable problems that needed resolving.
- 'Resident and relative' meetings took place where people could offer feedback about the service. We saw feedback was also obtained from people and relatives via surveys. This information was used to make improvements to the service. These improvements included introducing snack trollies and hydration stations and making improvements to the environment and décor.

#### Working in partnership with others

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and clinical commissioning group who commissioned the care of some people who used the service. Care professionals we contacted told us "I personally think Norwood Grange is an excellent care home and do a great job of ensuring their residents maintain fulfilling lives despite many of them having advanced dementia."