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Normanhurst Nursing Home

Inspection report

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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
Normanhurst Nursing Home is a care home providing personal and nursing care for up to 40 people aged 65. At the time of the inspection 31 people were living at the home. Most people needed support from two members of staff for personal care and moving around the home safely. They were living with a range of health care needs. This included people living with diabetes, dementia and physical disability, following a stroke.

People's experience of using this service and what we found
People were positive about the care and support provided at the home. They said they were comfortable, they felt safe and were assisted by staff who had a good understanding of their needs and how they should be met. People told us the staff were kind and caring; they had a good understanding of people's preferences and provided the care they wanted.

There had been changes in the management of the home since the last inspection. The registered manager of the two sister homes, on the same sight, had registered with CQC as the registered manager for Normanhurst Nursing Home and was responsible for the day to day management of all three homes. This meant that staff could work in all three homes and the culture and expectations were the same throughout. Staff were consistently positive about this change.

The quality assurance system had been reviewed and the same audits now monitored the services provided in all three homes. These identified where improvements were needed and action had been taken to address them.

Changes had been made to the management of medicines to ensure they were given as prescribed and when people needed them.

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

People were protected from the risk of abuse, harm or discrimination because staff had completed safeguarding training and knew what action they should take if they had any concerns.

There were enough staff working in the home and a robust recruitment procedure meant only suitable staff were employed. Ongoing training ensured staff had a good understanding of people's needs and staff were supported, through supervision, to develop an understanding of their roles and responsibilities.

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

Rating at last inspection
The last rating for this service was requires improvement. (7 December 2018)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Normanhurst Nursing 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. 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 Care Act 2014.

Inspection team
The inspection was carried out by an inspector 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
Normanhurst Nursing Home 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.

Notice of inspection
This inspection was unannounced.

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

During the inspection

We spoke with 13 people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including, registered manager, nurses, care workers, chef, activity staff, maintenance staff and hairdresser. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at minutes from meetings and staff rotas.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

● At the last inspection there was no clear system in place to ensure people were given their prescribed medicines. There had been errors on the medicine administration records (MAR), such as gaps. The medicine audit had identified the gaps but, the management and staff had not followed a safe system to check if the person had had their medicines; if it they had refused to take them or if they had not been given.

● At this inspection the management of medicines had been improved and there were clear systems for ordering, receiving, storing, giving out and disposing of medicines.

● Additional checks had been introduced to make sure people had their prescribed medicine and that the MAR were signed when they had been taken. One member of staff told us, "We check when we give out medicines, if we see a gap we record it on an incident form and contact the nurse if they are still here." "We don't ask them to sign the MAR afterwards and depending on what the medicine is we might contact the GP. But we haven't had any since we changed system."

● People said they had their medicines when they needed them. One person told us, "Yes my medication is on time." "Medication on time, if you have got any pain you only have to say" and "They do explain them."

● Staff supported people to take their medicines, they explained what the medicines were for and asked people if they needed help. One person had their tablets placed in their hand and another had medicines placed in their mouth, water or juice was offered and staff assisted people if necessary.

● There was clear guidance for 'as required' medicines, such as paracetamol for pain relief. This included what each medicine was for, when it should be taken, how often, and specific information about how to assess a person who was unable to tell staff verbally they were uncomfortable. Such as facial expressions.

Systems and processes to safeguard people from the risk of abuse

● People were very comfortable living at Normanhurst Nursing Home. They told us, "The staff make me feel very safe." "You are treated as an adult here, very much, I feel safe here by generally the way I am looked after."

● Staff had completed safeguarding training and were aware of their responsibilities with safeguarding people from abuse, harm and discrimination, and were clear about the action they would take if they had any concerns. Staff told us, "I am aware of signs of abuse, I would go to (Name) if I was concerned." "I am sure the manager would sort anything out if they had to" and "Never seen anything abusive, I would report it if need be."

● The registered manager and staff had a good understanding of the safeguarding process. Referrals had been made to the local authority in line with current guidelines and CQC had been informed. Staff pointed out the contact details for safeguarding, health and social care direct, it was displayed on the notice board

for them and visitors to refer to.

Assessing risk, safety monitoring and management

● People said the staff provided the care and support they needed by assisting them to move around the home safely and spend time where they wanted to. "The staff have to put me to bed with a sling" and "We have regular fire testing."

● Staff had completed moving and handling training and showed a good understanding of people's different level of support with their mobility. One member of staff said, "We assess residents ability walking each day, as this can change, and we may have to use the hoist some days" and "As much as possible we try to support residents to be as independent as they can be for as long as possible."

● Where risk had been identified risk assessments had been completed and included in the care plans, with guidance for staff to ensure people had the support and care they needed and remained safe. For example, pressure relieving mattresses for people at risk of pressure sores. These were set at the correct rate based on each person's weight, and records showed they were checked daily.

● Staff attended fire training and there were fire marshals on each shift, who were responsible for ensuring people and staff followed safe procedures. People had personal emergency evacuation plan (PEEPs) so staff knew how to support people to leave the building if there was an emergency. Arrangements had been made with a nearby home if people had to move out while the home was made safe.

● Health and safety checks were completed regularly, and servicing contracts included gas, electrical appliances, the lift and moving and handling equipment, were up to date.

Staffing and recruitment

● People said there were enough staff to provide the support and care they wanted. One person told us, "Yes, they answer the bell quickly."

● Staff were not rushed, people did not have to wait long if they needed assistance and they answered call bells promptly.

● Robust recruitment procedures ensured only suitable staff worked at the home. Records showed relevant checks had been carried out, including two references and disclosure and barring check (DBS – police check). Checks were also carried out with the Nursing and Midwifery Council to show nurses were registered to practice.

Preventing and controlling infection

● People said the staff looked after the home. They told us, "Very clean and tidy here" and "They keep it very clean here."

● The home was clean, well maintained and people were protected from the risk of infection. Staff had completed infection control training and they used personal protective equipment (PPE), such as gloves and aprons, to reduce the risk of infection. Staff had also done food hygiene training as they gave out meals and supported people to eat and drink as required.

● There were hand washing facilities and hand sanitisers throughout the home for staff and visitors to use, and hot water was tested so the temperature was low enough keep people and staff safe from burns. Systems were in place to reduce the risk of legionella from water, and laundering facilities provided clean personal clothing and linen.

Learning lessons when things go wrong

● There were clear processes to monitor accidents/incidents, record what had happened, the potential cause and what action should be taken to prevent them re-occurring. This included audits to identify any trends and when necessary referrals were made to external professionals, such as the falls team or physiotherapist.

● Staff told us, "We know which residents are at risk, like bit wobbly, so we are around to support them, so they don't fall." We saw one person had a fall in the lounge and staff provided appropriate support after assessing them for possible injuries. An incident form was completed, and they discussed what had happened and how it could be prevented from happening again.
● People were aware that walking around independently may put them at risk of falls, but people and staff were clear that they wanted to remain independent for as long as possible. One person told us, "They walk with me to my room so that I don't fall over, they are very good."

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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

● Care and support was delivered in line with current legislation and evidence-based guidance.

People said they were involved in discussions about the care and support they received. One person told us they had lived in the care home and had moved into the nursing home when their needs changed. They said, "I needed more help, but we go back to do activities if we want to and they come here."

● Records showed people and their relatives, if appropriate, had been involved in assessments before they were offered a room. The registered manager said this was to make sure staff could offer the support and care they needed, had the skills and knowledge to provide appropriate support, to meet people's needs.

● The information from the pre-admission assessments were used to develop the care plans, which identified risk and people's individual support needs.

● Care and support was delivered in line with current legislation and evidence-based guidance. Nationally recognised risk assessment tools were used to assess risks, for example, those associated with mobility and assisting people to move around the home safely and skin integrity.

Staff support: induction, training, skills and experience

● People said the staff had a good understanding of their needs and provided the support they wanted. They told us, "The staff all know and understand me and have good skills, I can't fault them at all" and "Yes the staff know me and have the skills to look after me." A relative said, "Oh yes I think the staff are well trained and residents have good care."

● Records showed the training staff had completed and when updates were due. Staff said they were expected to do all the training and they said it helped them understand people's needs and how to provide the support they wanted. Staff told us, "Good training, they support me with my dyslexia, mandatory training plus catheter, dementia, first aid and fire marshal training" and "Yes we get good mandatory training and food hygiene, first aid, fire training, moving and handling, infection control and dementia training."

● Equality and diversity training ensured staff understood the protected characteristics under the Equalities Act 2010 and how to ensure discrimination does not affect people and staff. One person told us, "No never feel discrimination in any way here."

● New staff were required to complete induction. One new member of staff said they had three months induction training and continued to learn as they worked at the home. Staff said they were encouraged to work towards other qualifications if they wanted to.

● Staff said they had supervision with senior staff and thought it was good opportunity to talk about their

work, training and how they could develop their practice. They told us, "I get supervision every 6-8 weeks." "Regular supervision" and "We can talk to the nurses or (Manager) at any time but it is good to sit down together without interruptions."

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People said they made decisions about all aspects of their lives, which included how and where they spent their time and if they joined in activities. People told us, "I stay in my room, my choice, not keen on going downstairs" and "I go down to the dining room for lunch every day." Relatives said staff asked people what they wanted and if they would like some support. They told us, "It is good here... she loves it… would say if not happy" and "They try to encourage her independence."

● Staff had completed MCA training and understood the importance of supporting people to be independent and make decisions about the support they received. Staff consistently asked people for their consent before assisting them, during meals and with drinks, and if they needed support using the facilities.

● Staff said people could make decisions about all aspects of the support and care provided. One member of staff told us, "We know the residents really well and can see if they don't want to do something if they can't tell us." Another member of staff said, "If they can't make decisions we talk to their family and arrange best interests meetings with their doctor or social services.

● When an application for DoLS had been made, people's capacity had been assessed and when appropriate the DoLS had been agreed. Any conditions required to meet the authorisation of a DoLS were being met. For example, one person wanted to go out for a walk. The assessment had identified that they would not understand the risks to their safety if they went out on their own. A DoLS referral had been made and best interests decision was they were not safe on their own and the condition of the DoLS was that staff should ask them if they wanted to go out and accompany them if they chose to. Records showed that staff were following this.

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

● People were supported to have a healthy and nutritious diet, based on their preferences and choices. They told us, "The food is very good, we choose from a menu every day, it is well cooked, I get plenty, too much really, snacks in-between, and they will always give you something different" and "The food is pretty good on the whole, we get a menu, they will usually offer something different if you ask, we get biscuits with coffee and cake in the afternoon, I get enough to eat and drink yes." A relative said, "She doesn't eat much, but she has a soft diet."

● People chose where to have their meals, in the dining room, the lounge or their own room. The meals were freshly cooked, and a member of staff was responsible for making sure people had the meals they ordered. They were knowledgeable about people's likes and dislikes as well as people's specific dietary needs. Such as soft, pureed and meals for people with diabetes

● Staff said snacks and drinks were available for people at any time and they offered hot and cold drinks

throughout the inspection.

● Risk assessments had identified if people were at risk of poor nutrition and staff knew that some people needed more support than others. Staff said, "We support some residents to eat their meals and make sure they have enough to drink, others just need reminding." "We weigh residents at least monthly and do it more often if we are worried they are not eating enough, we might call the GP or dietician" and "We also add additional calories, with cream and cheese, if residents aren't eating well."

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

● Staff worked with other agencies to ensure people had support from appropriate health and social care professionals to maintain and improve their health and well-being.

● People said appointments and visits were arranged when they were needed. They told us, "I am waiting for my flu injection. I see a chiropodist, a doctor is always arranged, and I am due for an eye test." "They are very good with my hospital appointments, someone always goes with me. Doctor, dentist, chiropodist is always arranged" and "I have arranged a physiotherapist to help with a Zimmer and encouragement, and I manage a few steps."

● Staff said they went with people to appointments, if relatives had chosen not to or were unable. A member of staff told us, "Yes I am happy here, I also do escort duty."

● Professional's visits were recorded, and care plans were updated to include any changes in support needs. These were discussed at the handover at the beginning of each shift, which meant staff were up to date about each person's healthcare needs. There were regular visits from chiropodists and opticians and if needed additional advice was sought. For example, when staff identified that a person had difficulty swallowing they contacted the speech and language team (SaLT).

● The registered manager and staff were aware of the need to ensure people had good oral health. An oral health policy had been introduced and staff said they had read this and were clear about how important good oral health was for people's overall health and wellbeing. One member of staff told us, "We would report to the nurse or the manager if a resident had problems with their mouth and we have a community dentist as well."

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

● People liked their rooms. They had arranged the furniture as they liked it and brought their own ornaments and possessions to personalise their rooms. "One person said, "I have my bedroom as like it. I used to have a different room but I prefer this one, it is on the ground floor and I can walk to and from it easily."

● Visual aids were included on the notice boards, such as menus, activity sheet and upcoming events and recent seaside craft paintings were also displayed.

● Staff said the layout of the lounge and dining room had been reviewed and changes made following discussions with people living in the home and their relatives. The small lounge was now used as a dining room. The tables and chairs had been moved from the larger lounge, which had previously been a lounge/diner, which meant there was more space for people to sit in their friendship groups, and more people could join in activities together.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 said staff provided the care and support they needed and wanted. They told us, "The staff are very kind and understanding; they give me plenty of time and pop back if necessary, very good" and "Yes staff are very kind, patient and caring, especially the older ones."
- Conversations between people, relatives and staff were friendly, relaxed and on first name terms. Staff said, "We work with residents and their relatives as a team, so that everyone gets the support and care they want, make their own choices" and "We get to know the families, grandchildren as well as husbands and wives. I think we work really well together."
- Staff had a good understanding of people's individual needs, their preferences and what was important to them. This included respecting their spiritual and religious needs and maintaining this if people wanted to. People told us, "A minister comes in or you can go to church or go next door." "I don't have visitors just somebody from the church, she comes once a week."

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

- Staff said people were involved in decisions about all aspects of the support and care provided and we saw this in practice. People told us, "I get up and go to bed when I want to." "All the staff are wonderful, it is a wonderful place" and "I stay in my room, my choice, not keen on going downstairs."
- People were involved in decisions about their care and we observed staff asked people if they were comfortable; if they wanted to return to their bedroom after lunch and if they wanted to join in activities. Staff chatted to people and visitors as they assisted people to sit in the lounge and staff asked people if they wanted to watch the TV, and "Shall we have some music over lunch," and people agreed to this.
- We asked people and staff about the layout of the chairs, they were mostly arranged around the edge of the room facing inwards. People said they were comfortable where they sat and had their favourite chair. Staff told us they had tried to re-arrange the chairs into small groups but, people did not like the change. They wanted to see everyone and what was going on from where they sat, so chairs were put back around the edge of the room.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with respect and protected their dignity. People told us, "They certainly do treat me with dignity and respect, very thoughtful, cover you up when washing you." "Yes, I am treated with dignity and respect, and they always knock" and "I think the staff are kind, caring and patient, yes definitely

treat me with dignity and respect."

● Staff all talked about Normanhurst Nursing Home as, "The resident's home." "We are lucky enough to work in their home" and "Resident's are involved in all decisions about the home, as it's theirs."

● We saw people were supported to be independent and made decisions about the care provided and how they spent their time. One person said, "I can get around by myself so decide what I want to do." A relative told us, "They try to encourage her independence."

● When people needed assistance using the bathroom or with food and drinks, staff were very respectful and discrete as they asked, "Can I help you."

● Staff were aware of the importance of confidentiality and documentation was kept secure on the electronic system or in the registered manager's office.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People said they had control of their day to day lives and were involved in discussions about their needs and how these would be met. People told us, "When I first came here I signed a consent form and discussed a care plan." "Yes, staff talk to me about my needs" and "We have no worries here, we get cooked for, washed and clothed, staff are very nice"
- Care plans were personalised and clearly reflected people's individual needs and preferences. Records showed they had been discussed and agreed when people moved into the home and when they were reviewed regularly.
- There was guidance for staff to follow, to ensure they understood people's specific needs and choices. Staff said the guidance was very clear and easy to follow. Although they also told us they knew people and their relatives very well and were kept up to date with any changes at handovers. "All the staff join in handover, we each add anything to the discussion if we need to, not only the nurses, everyone is involved, so we all know what has been going on."
- Staff talked about people's individual needs and how they obtained additional aids when they were needed, "So that residents can be as independent as they can be for as long as possible." For example, they had provided one person with curved cutlery, which meant they could eat their meal without staff assistance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's different communication needs were recorded in their care plans, with guidance for staff to ensure people had the support they needed to communicate effectively.
- Staff said they had completed communication training and were clear about how they assisted each person. One member of staff told us, "(Name) doesn't respond verbally when we chat to them, but they know what we are saying and smile or nod. So, we ask questions that only need a nod, smile or shake to reply to and we know what they want." Another member of staff said, "I think everyone can tell us how they are and how they feel, we just have to know how they do this, by their expressions, words or just telling us."
- We saw staff checked that people had their glasses on and they were clean and hearing aids in, if they wanted to use them. One person chose not to use their hearing aid and this had been recorded in their care

plan.

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

● People told us there were several activities for them to join in if they wanted to. People said, "I enjoy some of the activities like exercise, you can go on a trip if you want to, and no I am never bored." "I enjoy the activities, especially music, and people come in to entertain us" and "I go downstairs for activities, I enjoy cards and music, and I don't go out at all."

● Staff said it was up to each person if they wanted to join in and they each had their own preferences. People told us, "I choose not to do activities even though the staff suggest it, I sleep a lot, I like music not TV, and I love classical music" and "I could do activities but choose not to, I might mingle a bit in the future, I read a lot and do word search."

● People who chose to remain in their rooms were also supported to do activities of their choice. This included one to one time with for hand care/manicures or simply chatting and being with someone. One person said, "I don't do activities, my choice; (Name) comes to my room for a chat" and "The activities lady always comes to see me."

● During the inspection people enjoyed a game, listened to music and watched a film.

● People were able to maintain relationships with family and friends. One person said, "I get visits from my family who are made welcome here." A relative told us, "The staff always say hello and offer a cup of tea."

● We saw staff made visitors feel very welcome. They clearly knew each other well and visitors were treated as part of the 'family community' in the home and staff said they, "Are an important part of the care team."

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure, which was displayed in the entrance area and was accessible to people, visitors and staff. People and their relatives knew how to make a complaint but said there was no reason for them to do so.

● People told us, "No never had to make a complaint, I have been happy and okay I think." "No never had to make a complaint just a discussion, I would if I needed to." "I can talk to the manager" and "I have no complaints with the staff."

● Relatives also said they had no complaints but, they were confident the registered manager or staff would resolve any issues if they had any. One relative told us, "We are happy with her care, it is quite good here."

● Staff said there had been no complaints since the last inspection and if there were any concerns they would deal with them immediately. For example, one person was talking about their supper and thought they had ordered a different pudding than the one they had been given. We looked on the list and suggested to staff they had given out the wrong pudding. They changed it and were very apologetic. The person was not concerned about it and did not see it as anything to complain about and said, "They change things when we ask, no problem."

End of life care and support

● Staff had completed training to support and care for people when their health needs changed. They told us, "We may contact the GP for additional medication to ensure they are comfortable" and "We have discussed resident's preferences and end of life wishes, if they wanted to, and included them in the care plans."

● Care plans showed people had discussed their end of life wishes, and where appropriate. Do not resuscitate forms had been agreed with the individual, their relatives and health professionals.

● Staff respected people's choices and one member of staff said, "If residents choose not to discuss their preferences when they move into Normanhurst we respect that. We may ask again when we review their care plan, but it is up to them. Although most residents have made these decisions before they move in."

Good

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

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

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

- The management at Normanhurst Nursing Home had changed since the last inspection. The registered manager of the two sister homes, which are on the same sight and share some of the services, had registered with CQC as the registered manager of the nursing home. This meant the three homes were managed the same way, which provided consistency in terms of the care provided for people and support for staff.
- Staff felt valued members of the team and were clear about their own roles and responsibilities. They told us, "Very supportive staff and management." "I think it is like a big family and we all work together" and "We have team meetings which are very good. They keep us up to date and we can make suggestions."
- The minutes from the team meetings reflected what staff had said. We read that staff had been reminded about how to follow infection control procedures, such as 'hair tied back' and disposing of gloves and aprons correctly. As well as suggestions from staff about how to make it safer to support people. For example, arranging the chairs in the lounge so that hoists could be used safely.
- The provider had effective quality assurance and monitoring system to ensure the services provided were appropriate and met people's assessed needs. These included audits of care plans, medicines, accidents/incidents, infection control, meals and health and safety. We looked at several of these and found them up to date, with evidence that when issues had been identified they had been addressed. For example, there had been a lot of gaps on the forms staff were required to sign after applying prescribed creams. A daily check had been introduced and few gaps had been found since this had started.
- The provider had good oversight of the services provided. They introduced themselves during the inspection and records showed they visited the home regularly and pointed out areas where improvements or change was needed. These were added to the team minutes, so all staff knew about them. Such as, the provider noticed boxes of wipes in the dining room and asked for them to be removed and stored correctly.
- The management style was open and transparent, and they informed people, relatives, staff and professionals about any changes or incidents in the home. A relative told us, "They let us know if anything happens with (Name) and about anything happening in the home."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; continuous learning and improving care; engaging and involving people using the

service, the public and staff, fully considering their equality characteristics

● From the positive comments people and relatives made and our observations the culture at the home was inclusive, and empowered people to be involved in planning their own personalised care with staff. People told us, "Very good atmosphere here." "This is a home I would choose, compared to some other ones." "Quite good atmosphere here." "The staff show such kindness to us all here" and "The manager is (Name), she is very approachable."

● There were enough staff to support people to live their lives as they wished. With a range of activities and appropriate assistance from staff, to ensure people were not isolated in their rooms if they wanted to be with other people. Staff told us the emphasis was on people's independence and making choices.

● The registered manager said they had an open-door policy and although they managed three homes they were all on the one site so could be easily contacted. They said, "It is more joined up, we can move staff around if they are needed and it feels like we are all working together." Staff supported this and told us, "Yes I work in all three homes, but they are not really separate as residents can go to the others for activities and we have the same food and staff" and "I think it works better now, we know what is expected of us is the same in each home, it feels like one home now."

● People said they attended resident's meetings, if they wanted to, and had regular 'chats' with staff about, "Anything that is going on" and "They tell us if there are going to be any changes." The meetings were usually held by the registered manager and activity staff. The minutes showed that comments from people who could not, or chose not to, attend were included in the meetings and there was a range of issues raised. These included comments about the temperature in the rooms, which was dealt with as the meeting progressed. Requests for additional chairs in a person's room for visitors and it was agreed these would be provided at the time, but not left in the room as they would limit movement for the person and staff. People also talked about specific times they wanted to go to bed or to their room in the afternoon. Suggestions for different foods were made and it was agreed the craft and painting morning would be a monthly activity.

● Satisfaction questionnaires were also used to obtain feedback about the services provided from people, relatives, staff and professionals and the registered manager said they would be sending them out in the new year.

Working in partnership with others

● The provider and registered manager had developed partnerships with other services, including GP's and other health professionals. For example, the SaLT team, physiotherapists, the falls team and community pharmacist to improve practices at the home and consequently people's lives.

● They also worked with the local authority, through the safeguarding department and the market support team.