Comfy Care Homes Limited

Norwood House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Norwood House is a residential care home providing personal care to people aged 55 and over, some of whom were living with dementia. The service has four floors. Norwood House can accommodate up to 20 people. At the time of this inspection, 10 people lived at the service.

People's experience of using this service and what we found
The quality assurance processes in place were not effective. They had failed to identify and address the shortfalls we found during the inspection. There was a lack of provider oversight and sufficient action had not been taken to address the shortfalls found at the last inspection.

Records did not show staff had been provided with sufficient support. Regular recorded supervisions had not taken place and records to evidence new staff had completed an induction when they joined the service had not been kept. Training records were incomplete. Due to recent changes in the management of the service, the new manager could not be sure what training staff had complete.

People told us they felt safe. Risks to people had been assessed but records did not provide staff with sufficient guidance of how to manage and reduce risks. Accidents and incidents had not been appropriately analysed to highlight what action could be taken to reduce the risk of reoccurrence. Topical medicines records were not always completed accurately to show medicines had been administered as prescribed. We have made a recommendation about the safe management of medicines.

Care records did not always reflect people's current care and support needs. End of life care plans did not provide sufficient details. We have made a recommendation about end of life care planning.

People were provided with sufficient food and drinks; however, staff were not deployed effectively at meal times which meant people had to wait for assistance. Peoples weights were monitored to identify any concerns with weight loss or gain.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where decisions had been made in a person's best interests, record did not always record who had been involved in the decision.

Following the first day of inspection the manager and provider took action to address some of the concerns we found to mitigate risks. New care plans and risk assessments had been developed, a training and supervision matrix was put in place and new audits to monitor the quality and safety of the service had been developed.

This provider has recognised they do not have the skill or motivation to develop their own knowledge and

approach to ensure compliance with regulations. A new provider has applied to take over this service.

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 23 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulation.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement
We have identified a breach in relation to good governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider and request an action plan from 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 work with the local authority to monitor progress. We will return to visit as per our re-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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Norwood House

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
One inspector and an Expert by Experience carried out day one of this inspection. The second day of inspection was carried out by one inspector. 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
Norwood House 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 did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed and had begun the registration process. We have referred to them as 'the manager' throughout this report.

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 all of this information to plan our inspection.

The provider was requested to complete a Provider Information Return (PIR) prior to this inspection. They

failed to complete and submit this to CQC as required. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection
We spoke with six people who used the service, three relatives and four visitors about their experience of the care provided. We spoke with six members of staff including the nominated individual, manager, deputy manager, senior care workers, care workers and the chef. 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 two 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 were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found and any action they had taken following the inspection. We looked at training, staffing data and quality assurance records.

Requires Improvement

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 remained the same. 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.

Staffing and recruitment

At our last inspection the provider had failed to operate safe recruitment processes. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Safe recruitment processes were now in place. All appropriate pre-employment checks had been completed before employment commenced.
- There was enough staff on duty to provide support to people; they were not always deployed effectively at meals time. The manager was in the process of completing a dependency tool to clearly evidence safe staffing levels. They told us they would review staff deployment at meal times.
- People confirmed there were enough staff. Comments included, "Staff are lovely. If I want a chat they are always around" and "No problems with staffing at all."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been identified, assessed and recorded. Some of these did not contain sufficient information to enable staff to safely manage risks. For example; one person had a choking risk assessment in place, but this did not clearly state the control measures put in place to reduce risks, such as following a soft diet. These were updated by the manager following the first day of inspection.
- Checks to ensure the service were safe had not been completed on a regular basis. Areas such as emergency lighting, fire checks and water temperatures had not been checked for several months. These had been completed for November 2019 to show the service was safe; the lack of continuous monitoring posed a potential risk to people.
- Accidents and incidents had been recorded. Information had not been appropriately analysed to reduce the risk of reoccurrence or to identify any trends. The manager was aware of this and had developed a new system to ensure thorough monitoring was in place moving forward.

Failure to establish and operate effective systems to monitor and improve the service, and failure to keep complete, accurate, contemporaneous records is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

● Medicines were not always managed safely. Where people were prescribed as and when required medicines, appropriate protocols to guide staff on when these should be administered were not in place.
● Topical medicines records had not always been completed. One person was prescribed creams to be administered twice per day. The medicine administration record had not been completed to evidence the prescriber instructions had been followed.
● Staff told us they completed regular medicines training; certificates to evidence this could not be found.

We recommend the provider considers current best practice guidance in relation to the safe management of medicines and updates their practice accordingly.

Systems and processes to safeguard people from the risk of abuse
● People were protected from avoidable harm and abuse and told us they felt safe. Comments included, "Oh yes I feel safe. Everyone is very kind and friendly."
● Staff had the skills and knowledge to identify and raise concerns to relevant professionals.
● The manager had followed safeguarding procedures when concerns had been raised.

Preventing and controlling infection
● Staff followed best practice guidance in relation to infection control; they wore gloves and aprons when required.
● Regular infection control audits had been completed.
● Cleaning schedules were not always completed sufficiently. For example, toilet floors were recorded as only getting cleaned twice per week. The manager was aware of this and in the process of creating more robust records to clearly evidence cleaning tasks completed.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider seek advice and guidance from a reputable source abut appropriate support for staff. The provider had not made sufficient improvements.

- The providers policy had not been followed with regards to staff support. Regular supervisions had not taken place. For example, one person commenced employment in January 2019 and had only received one supervision. There was no recorded evidence they had receive any other type of support.
- Staff told us they had received an induction; records were not in place to evidence this.
- New staff had not received appropriate support when they joined the service. The manager told us they would implement recorded review meetings to evidence ongoing monitoring of staff performance.
- Records did not clearly show training staff had completed or when this was due to be renewed. The new manager had been unable to locate staff training records when they joined the service. They were in the process of implementing a new training plan to ensure all staff had received up to date training.
- Staff told us they had received some training. Discussions and observations of staff evidenced they had the knowledge and skills to carry out their roles.

Failure to keep complete, accurate and contemporaneous records is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was aware of the recording shortfalls. When we returned for day two of the inspection an induction was in place and a supervision matrix had been developed.

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.

At our last inspection we recommended the provider considered current guidance in relation to the Mental Capacity Act 2005 and best interest decisions and act to update their practice accordingly. The provider had made improvements.

● Staff recognised restrictions on people's liberty and submitted DoLS applications where required.
● Where people lacked capacity and decisions had been made in their best interests, this had been recorded but did not always include who had been involved in the decisions. The manager was addressing this recording shortfall.
● Staff sought people's consent. Some people could not verbally agree to support, and staff monitored their body language for signs of consent or refusal.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff were not always deployed effectively at meal times. This resulted in the dining room being left unattended by staff and people having to wait to receive appropriate support with their meals.
● People enjoyed the meals on offer and were offered choice. One person said, "The food is very nice. Staff know what I like and what I don't."
● Staff were knowledgeable about people's dietary needs. People's weight was monitored, and relevant healthcare professionals were contacted if there were any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
● People has access to other health professionals when this was needed.
● Improvements had been made to the recording of daily notes and observation charts to monitor people's health needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to their admission. Information was sought from the person, their relatives and from care professionals which informed staff about the care people required.
● Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.

Adapting service, design, decoration to meet people's needs
● Additional signage had been put in place to help people find their way around the building independently.

● The service was not purpose built but sufficient alterations had been made, such as ramps and secure access to outdoor space so people could move around the building freely.
● Peoples bedrooms were personalised; their views had been requested in relation to redecoration within the service.

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
- Staff were attentive to people's needs. There was a relaxed atmosphere; positive, caring relationships existed between people and staff.
- People told us they were all treated equally and felt there was no discrimination from staff.
- People told us they were supported by a consistent team of staff. One person said, "All the staff are charming and a delight to be around. I know them all well."
- Staff demonstrated a friendly approach which showed consideration for their individual needs. They communicated with people in a caring and compassionate way. They gave time for people to respond and responded to people's requests in a timely manner.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- Staff employed by the service understood people's communication needs and body language. They were aware of people who required support from relatives to make decisions.
- Private spaces were available, so people and relatives could speak openly with staff in a confidential environment.

Respecting and promoting people's privacy, dignity and independence
- People were treated with kindness and respect.
- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and discreetly asking people before supporting them with personal care.
- Staff communicated with people in a way they could understand which aided independence. For example, re-phrasing sentences to ensure people understood what was being requested to allow them to do this for themselves.

Requires Improvement

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 now deteriorated to requires improvement. This meant people's needs were at risk of not always being met due to inconsistent care records to direct staff and through lack of opportunity to engage in activities.

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

- People were not provided with sufficient stimulation and activities. There was a lack of planned activities on offer and relatives told us people were not stimulated. Comments included, "There are no activities here. It is a shame really to see [person's name] just sat with no stimulation."
- People were able to access the community with support from the provider, but this was limited.
- Plans were in place for the provision of activities to be further developed.
- People were encouraged to participate in daily tasks such as setting tables which they enjoyed. Relatives were able to visit the service at any time throughout the day. Communal spaces offered people the opportunity to chat and build friendships.

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.

At the last inspection we recommended the provider considered current guidance on accessible information and took action to update their practice accordingly. The provider had made improvements.

- People had communication care plans in place which provided staff with enough information.
- Where people required additional support with communication this could be accommodated.

End of life care and support

- People were at risk of not receiving the care they preferred at the end of life.
- People had care plans in place in relation to end of life, but these only contained basic information and did not reflect people's wishes in all aspects of end of life care.
- The service had received numerous compliments regarding the end of life care people had received. Comments such as, 'Kind, caring and loving staff" and "Thank you for everything you did for [person's name]" had been received.

We recommend the provider considers current best practice guidance in relation to end of life care planning and updates their practice accordingly.

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

preferences

● People received person-centred support. Staff knew people's likes, dislikes and preferences and they used this information to care for people in a way they preferred. Records did not always reflect this.

● Care plans contained some detailed information about what was important to people. This had not always been consistently updated when changes occurred; one person's special diet requirements had changed but the care plan did not reflect this. The manager took action to address this during the inspection.

Improving care quality in response to complaints or concerns

● A complaints policy and procedure was in place, but these required updating. The manager took action during the inspection to address this.

● People and relatives told us they knew how to raise any concerns and felt the management team now in place would listen to them.

Requires Improvement

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 remained the same. 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

At our last inspection the provider had failed to establish and operate effective systems and processes to monitor and improve the service. This was a breach of regulation 17 (Good governance) 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 17.

- The quality assurance processes in place were not effective. They failed to identify concerns within the service. For example, risk assessments and care plans not reflecting people's current needs, staff inductions not being recorded and checks to ensure the service was safe not being completed.
- Other audits to monitor the service had not been completed consistently. For example, a health and safety audit was completed in June 2019 but no further audits had been completed. The manager was addressing this at the time of the inspection.
- The provider had a lack of oversight of how the service was being run. Their monitoring of the service had failed to identify shortfalls within the service. Provider visits had taken place, but these had not been robust, effective or recorded.
- Investigations and auditing of incidents and accidents were not always robust, fully completed or managed appropriately to mitigate future risks to people. The manager had implemented a new system to ensure this was completed thoroughly moving forward.
- The provider had failed to submit their provider information return (PIR) to CQC return within required timescales. This is a form that CQC uses as intelligence to monitor services, their performance and the quality of care provided. It is a legal requirement that the PIR is submitted when requested.

Failure to establish and operate effective systems to monitor and improve the service, and failure to keep complete, accurate, contemporaneous records is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager in post. The previous manager de-registered with CQC in Aug 2019. A new manager had commenced employment and had submitted an application to register with CQC During the inspection process we were informed for an imminent change to the registered provider of the

service. An application to register a new provider was submitted to CQC. We were given reassurances about action the new provider was going to take to ensure effective and appropriate systems were put in place to monitor the quality and safety of the service.

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

● People, relatives and staff provided positive comments about the new manager and their approach. Relatives said, "The new manager has only been here a short time. They are lovely, you couldn't ask for better really" and "Whenever I have dealt with the manager they have been very helpful and forthcoming."

● Staff told us they were encouraged to share their views and contribute to decisions about changes within the service. These discussions were not recorded.

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 provider had not been responsive to issues and concerns. They had been made aware of the shortfalls within the service by the new manager but had failed to report and respond to this appropriately.

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

● People had not been regularly asked to provide feedback on the service provided. A new survey was being developed so the views of people and relatives could be gathered and used to improve the service.

● Residents and relatives' meetings had been arranged to enable people to share their views.

● The service had good links with other professionals such as GP's and mental health services.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operate effective systems and processes to monitor and improve the service. They failed to maintain securely accurate, complete, contemporaneous records.