Norton Lodge Care Homes Limited

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Inspection report

142 Norton Road
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West Midlands
DY8 2TA

Tel: 01384376666

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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

Norton Lodge is registered to provide accommodation and personal care for up to 18 older people some with a physical disability. At the time of our inspection 17 people were using the service. Our inspection was unannounced and took place on 20 September 2018. This was the first inspection since the service was registered on 27 February 2017.

Norton Lodge 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.

There was a registered manager in post, but they were not able to be present on the day of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of safeguarding procedures and knew what action to take if they had any concerns. Staff supported people in a safe manner. Recruitment of staff was carried out appropriately. Administration and recording of medicines given were carried out safely.

Staff had the skills and knowledge required to support people using the service effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access ongoing training to assist them in their role. Staff could access supervision and felt able to ask for assistance from the registered manager. Staff knew how to support people using the service and gained their consent before assisting or supporting them. Staff encouraged people to eat healthily and supported their healthcare needs.

Staff members treated people with compassion and kindness. People using the service were involved in making their own decisions about their care as far as possible. Staff ensured that people were able to maintain their privacy and dignity and encouraged them to retain an appropriate level of independence.

People's preferences for how they wished to receive support were known and considered by the care staff. Staff understood people's needs and provided specific care that met their preferences. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Quality assurance audits were carried out and provided a clear overview of the service. People, relatives and staff felt the service was led in an appropriate way. Staff were supported in their roles. Staff felt that their views or opinions were listened to. We received notifications of incidents as required.

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.

Staff were aware of safeguarding procedures.

Detailed risk assessments were in place.

Staff recruitment was carried out safely.

Medicines were given, stored and recorded appropriately.

Is the service effective?

Good

The service was effective.

Staff received an effective induction and ongoing training.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before supporting them.

People's ongoing health care needs were supported.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People were involved in making decisions about their care as far as possible.

Staff maintained people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt they

would be listened to and the appropriate action would be taken.

Is the service well-led?

Good

The service was well-led.

People were happy with the service received and felt the service was well led.

Staff spoke of the openness and visibility of the registered manager.

Quality assurance audits were in place.

We received notifications as required.

Norton Lodge Care Home Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 20 September 2018 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has experience and knowledge of care services.

We reviewed information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. In this instance we had not requested a Provider Information Return, this is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we had contacted the local authority to gather their feedback about the service.

We spoke with twelve people who use the service, two relatives, three staff members, the cook and the deputy manager. We completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care records and medication records for three people using the service. We also looked at three staff recruitment files, staff training information and records held in relation to quality assurance.

Good

Is the service safe?

Our findings

People told us that they felt safe, with one person saying, "Yes I am safe if you need anybody they are there. I have been awake in the night and they open the door and check on you. I can ask for anything if they can't come right away they come and tell you". A second person said, "I have never felt unsafe here". We spoke with relatives who told us that they felt that their loved ones were kept safe. A staff member told us, "We keep people safe because we know them and their abilities and what is needed to keep them safe from harm".

We found that staff were aware of procedures to follow in the event of any safeguarding issues. One staff member told us, "I would bring any issues to the deputy manager immediately, as per the policy in place. The deputy then raises it with the manager and the information is passed to the local authority safeguarding team. Staff were able to discuss with us what they felt constituted abuse and what possible signs and symptoms may be. Staff spoke of how they would react in the event of an emergency with one staff member sharing a real-life experience. They told us, "A person fell, so I delegated a member of staff to stay with them to keep them calm and comfortable. I called the ambulance and gathered the information they would need. When they arrived they took over and I informed family and documented what had happened". We saw that people had an individual evacuation plan in place and that there was also a generic fire plan.

There was a procedure in place to record and act on accidents and incidents and staff were aware of this. We saw that incidents had been recorded and the relevant authorities had been notified. There was information available as to what actions had been taken, such as where a person had fallen, and recommendations to avoid a reoccurrence included actions such as utilising equipment such as a sensor mat or discussing with the person to ring their call bell, rather than trying to get up without assistance.

We found that risk assessments were in place. A staff member told us, "Risk assessments are there to read they help us to think about how we can minimise risk. We manage risk on an ongoing basis from ensuring the right medications are given through to moving wheelchairs out of the way so there are no obstructions". We found that risk assessments covered a wide range, including risk of falls, health, skin care, use of equipment and medication. Where people had recurrent urinary infections, it was recorded that staff should be aware of signs and symptoms, so that they can request appropriate medical care. We saw that risk assessments were updated in a timely manner.

People told us that there were sufficient staff to care for them. One person said, "Yes, there are enough staff if you needed them straightaway they would come". A relative told us, "I see lots of staff when I visit". We saw staff available to people and that no one had to wait for assistance. The deputy manager told us that agency staff were not used and permanent staff who people knew well covered any absences. We saw there was a dependency tool in place to assess what support people required and the amount of staff available was in line with people's needs. The staff rota showed that enough staff were allocated to each shift.

We saw staff recruitment was carried out safely and staff members told us they had their documents checked and Disclosure and Barring Service [DBS] checks done before they could start work. We found that

checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults. Records we looked at showed that these checks were in place.

A person told us, "I always get my medicines on time". A staff member told us, "I am well trained to give medication and when I am doing it, I concentrate on that only". We saw staff members administering medicines effectively. We saw that medicines were recorded clearly with no gaps. A list of medicines taken by the person was provided with administration guidance for staff in place. Information was given on medicines taken, so staff were clear on how to administer and were aware of any potential side effects.

One person told us, "This home is beautiful, it is so clean and tidy". Another person shared, "It is like home from home, never dirty or untidy". The home presented as being in an immaculate condition. It was clean and tidy and fragrant with no unpleasant odours. All checks related to infection control were in place and were monitored regularly.

Good

Is the service effective?

Our findings

We found the needs of people using the service had been fully assessed and considered prior to them moving into the home. We saw that pre-admission information had been taken from professionals and family members. Personal information was provided, such as contact details of professionals involved with the person, religious needs, background history and information related to their health and wellbeing.

A person told us, ""The care night and day is very good they [staff] are very patient they just do everything, they definitely know what they are doing". A relative told us, "The staff are very knowledgeable". A staff member told us, "We initially get a good picture of the person from the care plan, but then working with them we learn more about them and how to support their needs".

We saw that staff received an induction. A staff member told us, "My induction was very good, it covered dealing with emergencies and policies and procedures. It also taught me about people's needs. New staff shadow other staff for about two weeks and we do a food hygiene certificate so we can cover the cook if they are away". Staff we spoke with had worked in care previously, but were aware that any new staff would receive an induction in line with the care certificate. The care certificate is a set of national standards expected from people working within the care sector. We saw that training had been carried out recently, with one staff member telling us, "Training here is excellent, I have recently done End of Life training, Dementia training and Cross Infection training". Staff told us that supervisions occurred regularly and we saw supervision notes were recorded. Staff also told us that the deputy manager and manager were available to them outside of supervision sessions. We saw that staff also received an appraisal, which was a way of analysing the previous years' work and setting future goals.

We saw staff members communicating effectively with people. Where people were hard of hearing staff ensured they came to the person's eye level and spoke clearly. We saw that an effective 'handover' took place where staff shared information on people's wellbeing and needs with other staff members.

We spoke with people about the food available and they told us how much they enjoyed it. One person said, "It is absolutely beautiful", another said, "We look forward to our meals they are very nice". We saw that most people were able to support themselves at lunchtime, but where required staff were available. Staff told us that there was nobody with specific needs such as being vegetarian, however individual and group needs were catered for. An example being people were used to having fresh salmon for tea on Sundays so this could not be changed and that a person had recently requested an 'old fashioned trifle' and blancmange and these had both been sourced. People were able to confirm this. We saw that a drinks and snacks trolley was taken around the home numerous times throughout the day. Staff offered people a choice of hot and cold drinks and snacks such as biscuits and cake. People told us that this was a regular event. We saw that people had easy access to drinks throughout the day. Where fluid and food was required to be monitored we saw that this was in place.

People told us that they had access to chiropody, dentist and optician services regularly and that they were expecting flu jabs soon. We saw that care files contained letters relating to medical appointments including

GP and hospital visits. Where there were concerns such as infections we saw that GP's had been contacted. One person's care plan noted they required specific equipment and we saw that this was in place. Staff members told us that where people required assistance to attend medical appointments this was carried out.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found that currently all people living in the home had the capacity to make decisions for themselves. However, for a small number of people there were concerns around the possibility of their capacity decreasing and so the deputy manager told us that they were aware of the action required if and when people could no longer make informed choices and decisions. Staff we spoke with had a good understanding of mental capacity and deprivation of liberty and had received training.

One person told us, "The staff are very polite and always ask my permission". A second person said, "They get my consent if they need it, I always say yes as they are helping me". A staff member told us, "We ask people if they are happy with us helping them, they all understand and can decide for themselves". We saw staff members gaining consent from people, an example being, when assisting people to mobilise.

Good

Is the service caring?

Our findings

A person told us, "I don't think you could find anywhere better, the carers are brilliant". A second person said, "The staff are absolutely lovely they are all very good. They are so kind to me". A relative told us, "The staff are amazing, it's the simple things, they know [relatives] little ways they make time to do the little things. I can't recommend it [the home] enough". A staff member told us, "We are a team here, carers and people using the service. They care for us as much as we care for them". We saw lots of examples of care that demonstrated a close relationship between people and staff members. Examples were a person asking for their back to be rubbed, saying, 'up a bit, down a bit' and the staff member assisting them whilst both laughing about it and a staff member telling a person some good news they had received and holding a discussion about it.

People told us that they were encouraged to make choices and decisions and one said, "I like to get up at 5.30am to sit in the lounge to watch the news, it is my choice and staff are more than happy to enable me to". A staff member told us, "We give people choice, we never just assume. Just because people are older and need support it doesn't mean they aren't human beings and they still have a voice. We ask them everything from what they want to wear to discussions they want to hold". A second staff member said, "One person likes to have a bath at 4am and another person likes to have two showers every day, that is their choice so we make it happen". We saw people making choices and staff listening to them, an example being where they wanted to sit so that they could speak with a friend.

A person told us, "I am independent, but staff will help me if needed". A relative told us, "The staff are always there to help, but [person's name] is encouraged to do things for themselves". We saw some people were able to choose their own clothing and had co-ordinated it with matching jewellery. Some people told us how they could also tidy their own rooms and enjoyed doing so. We saw that one person liked to pop to the shops or park when they wished to and they were able to.

We saw staff acting in a respectful manner towards people in the way that they addressed them and assisted them. One person preferred to use a middle name and this was done. A relative told us, "Staff are so friendly and respectful, they are outstanding".

We saw that staff ensured people's privacy and dignity. One person said, "They [staff] are so good they look after me properly, they keep my dignity and cover me up". A staff member told us, "When we carry out personal care we ensure that people are covered. We put a towel over them in case anybody mistakenly came into the room".

Relatives told us that they got on well with staff and one said, "We are welcome any time". Another relative told us how they lived a distance from the home and if they notify staff they are visiting they are offered lunch at no cost. All relatives we spoke with felt that they were kept up to date with information on their loved one.

Good

Is the service responsive?

Our findings

A person told us, "The staff talk to me about my care". A second person told us, "I was a part of my care plan". We saw that the care plan included, but was not limited to; personal care, continence, nutrition and hydration, social interests, likes and dislikes and ability. Where a specific care plan was required in relation to health this was in place, for example a catheter care plan. We saw that a life history was in place and in some cases it had been written by the person's own hand. We saw that reviews of care plans were completed in a timely manner.

We found that mornings were quieter with only sedentary activities such as 1-1 discussions and reminiscence activities, bingo or dominoes. Staff told us this was because people were more 'sleepy' during morning time. Afternoons were busier and we saw a game of indoor bowling taking place with everyone involved. People told us about activities that had taken place such as a Mexican party where people had dressed in Mexican fancy dress, fish and chip Friday with pink champagne, walks to the shops, park and library. One person was taken swimming by a staff member. A tuck shop had also been introduced with old fashioned sweets and gifts that people could buy for loved ones. Also, everyday items such as nice shampoos were available. We found that one person who had a family member in a nearby home was assisted by staff to visit them.

We saw that people with religious needs were assisted to practice their religion in the way they wished to. Minutes from a 'residents meeting' noted that one person had said that they liked it when a staff member said a prayer with them on Sundays. Individual religious ministers had also been invited into the home in line with people's preferences.

We found there had been no formal complaints and so there had been no requirement for a process to be followed, however should the event arise a process was in place. People told us that they were aware of who to contact in the event of them having any concerns and told us they would speak with the deputy or manager. People and relatives confirmed they had received a copy of the complaints policy.

We saw that end of life had been considered and plans put in place. Care plans contained information covering people's final days, death and the time following death. Future wishes discussed care in the event of deteriorating health. Asking where people would like to be cared for, what was important at the time, anything that the person would not wish to happen and who to contact amongst other questions.

Good

Is the service well-led?

Our findings

We found that the atmosphere of the home was relaxed and filled with conversation and laughter. We saw people choosing where they wanted to sit and it was clear that there were good friendships between people. One person told us, "In one word it's lovely in here the staff could not be better I love it" A relative told us, "The whole set up is not like a rest home, it exceeds our expectations". A staff member told us, "I love working here I don't see it as work. I care for people like I would care for my own family". We were told how one person had a large number of personal possessions, so they were given a bigger room by the registered manager in order to accommodate their belongings more adequately.

People gave us their opinions on the registered manager and one person told us, "The manager comes to see me every day". A second person told us, "We see [registered manager's name] most mornings you can ask her anything". Relatives told us that they were able to contact the registered manager effectively and that they found them approachable. A staff member said, "The registered manager is strict but fair with staff". A second staff member told us, "This place is led really well, we can always go to management with any issues".

We saw that team meetings occurred and staff told us that they were updated with information and any changes as required. 'Residents Meetings' minutes showed that a variety of issues were discussed, in particular the service provided, care given to people, activities and food. We saw how one person had mentioned they would like fish fingers and the deputy manager went out that day to buy some. People, relatives and staff told us how they were able to put forward ideas and these were taken on board. One such idea was a request from relatives to set aside a small area within the home to make hot drinks with tea and coffee and an insulated jug of hot water available, we saw that this had been done. We advised the deputy manager to consider carrying out a risk assessment in relation to the hot water being stored in a communal area.

Staff told us that in the event of a colleague carrying out care that was not in line with good practice they would be willing to whistle-blow. One staff member told us, "I would report any concerns to CQC and whistle blow". A whistle-blower is an employee who takes their concerns about any bad practice witnessed to an agency independent of their employer.

We found that feedback surveys were completed by people and relatives. These followed CQC's key questions and were a mixture of tick boxes and comments. One person had commented. 'I am so lucky to find a home like this, I am grateful to you all'. People told us that staff had discussed the findings of surveys with them.

We found that monthly audits looking at the quality of the service were in place. These included, but were not limited to a falls and urinary infection analysis and reviews of care plans, pressure areas, safeguarding issues, supervisions and infection control. There was also consideration of activities and how many people had opted to get involved. Additional six monthly audits looked at housekeeping, catering and staff files and an annual audit reviewed fire risk, medicines and an improvement report form was utilised to ensure actions

required were put in place.

We found we were informed of any notifiable incidents as required, so that we were able to see if staff had taken appropriate action to maintain people's wellbeing.