Mr David Lewis & Mr Robert Hebbes

Normanhurst Care Home

Inspection report

De La Warr Parade
Bexhill On Sea
East Sussex
TN40 1LB

Tel: 01424217577
Website: www.normanhurst.com

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 21 and 24 August 2017 and was unannounced. There were 55 people living at Normanhurst Care Home when we inspected. People cared for were all older people. They were living with a range of care needs, including arthritis, breathing difficulties and heart conditions. Some people were also living with dementia. While some people lived largely independent lives, others needed support with their personal care and mobility needs. The registered manager told us they also provided end of life care at times. No one was receiving end of life care when we inspected.

Normanhurst Care Home was a large building. Accommodation was provided over four upper floors, ground floor and a semi-basement. Two passenger lifts were available to support people in getting between each floor. Lounges and a separate dining room were provided on the ground floor. The home was situated on the sea-front in Bexhill on Sea.

Normanhurst Care Home had a registered manager. 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. The registered manager was also the registered manager for Normanhurst EMI Home, which was next door to Normanhurst Care Home. The providers for the service were Mr David Lewis and Mr Robert Hebbes. They also owned Normanhurst Nursing Home and Normanhurst EMI Home.

Normanhurst Care Home was last inspected in June 2016. At this comprehensive inspection the overall rating for this service was Requires Improvement. Four breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. This was because audits of service provision had not identified a range of areas that needed to be improved. The provider had not always ensured care was provided in a safe way to people. This was because they did not consistently assess risks to people and do all they could to mitigate such risks. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by August 2017.

This inspection on 21and 24 August 2017 was to see if improvements had been made and embedded into practice. We found that many improvements had been made and the breaches of regulation met.

Since the last inspection systems and processes to assess and monitor the quality of the service to drive improvement had been developed. However further development was required in certain areas to ensure that risk was mitigated to ensure people's health and well-being was protected. This was in respect of infection control measures and the information documented in care plans.

The provider had not correctly displayed their CQC rating on their website and the information on the website was misleading. This was identified and rectified during the inspection process.

We recommend the provider ensures they understand all legislation in respect of providing care and treatment.

This inspection found the provider was meeting the requirements of the Mental Capacity Act (MCA) 2005. Mental capacity assessments were completed in line with legal requirements. Deprivation of Liberty Safeguards had been requested for those that required them. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the MCA 2005 and DoLS.

People received care that reflected both their health and social care needs. Care plans had been reviewed and there was acknowledgement from the management team that there was still work to be done to ensure documentation reflected peoples personal preferences and health needs. A new computerised plan was due to go live in the next week. Risk assessments that guided staff to promote people's comfort, nutrition, skin integrity and the prevention of pressure damage were in place and accurate. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff. Equipment used to prevent pressure damage was set correctly and people identified at risk from pressure damage had the necessary equipment in place to prevent skin damage. There were activities for people to participate in as groups or individually to meet their social and welfare needs.

Staffing numbers and the deployment of staff ensured people were safe and supported to spend their day as they wished. There had been a consistent usage of agency staff as many permanent staff have left. However new staff were being recruited and the organisation were committed to further recruitment.

People were complimentary about the food at Normanhurst Nursing Home and the dining experience was an enjoyable experience for people. People were supported to eat and drink in a safe and dignified manner. The meal delivery ensured peoples nutritional and hydration needs had been met and offered a wide range of choice and variety of nutritious food.

The home was clean and well presented. Risks associated with the cleanliness of the environment and equipment had been identified and managed effectively.

There were arrangements for the supervision and appraisal of staff. Staff confirmed they had regular supervision and yearly appraisals.

People were complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff were respectful to people and there was plenty of chat and laughter heard.

People had access to appropriate healthcare professionals. Staff told us how they would contact the GP if they had concerns about people's health.

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

Normanhurst Care Home was safe and was meeting all the legal requirements that were previously in breach.

Medicines were stored, administered and disposed of safely. Staff had received training on how to safeguard people and were clear on how to respond to any allegation or suspicion of abuse.

There were enough staff on duty to meet the needs of people. Appropriate checks where undertaken to ensure suitable staff were employed to work at the service.

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety.

Is the service effective?

Good

Normanhurst Care Home was effective and was meeting the legal requirements that were previously in breach.

Mental capacity assessments met with the principles of the Mental Capacity Act 2005. Training had been identified when required and the training plan confirmed training completed, and training in progress. This meant staff were working with the necessary knowledge and skills to support people effectively.

People received a nutritious and varied diet. People were provided with menu choices and the cook catered for people's dietary needs.

Is the service caring?

Good

Normanhurst Care Home was caring. Staff knew people well and had good relationships with them. People were treated with respect and their dignity promoted.

People and relatives were positive about the care provided by staff.

People were involved in day to day decisions and given support

when needed.

Is the service responsive?

Requires Improvement

Normanhurst Care Home was not consistently responsive. Whilst meeting the legal requirements that were previously in breach there were areas to further develop.

Care plans did not all contain information to guide staff in responding to peoples individual health needs.

There were activities for people to participate in as groups or individually. People told us that they were able to make everyday choices, and we saw this happening during our visit.

A complaints policy was in place and complaints were handled appropriately. People felt their complaint or concern would be resolved and investigated.

Is the service well-led?

Requires Improvement

Normanhurst Care Home was not consistently well led. Whilst we saw improvements had been made, there were areas that still needed to be embedded in practice to ensure that improvements were consistently sustained.

A new quality assurance system was in place. However, some areas of documentation needed oversight to ensure they were completed consistently and information was appropriately recorded.

The manager and staff in the service were approachable and supportive.

There had been a number of positive changes made to the day to day running of Normanhurst Care home and there was a clear programme in place for continual improvement

Normanhurst Care Home

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 21 and 24 August 2017. The inspection was undertaken by four inspectors.

Before our inspection we reviewed the information we held about the home, including previous inspection reports, action plans and the provider's information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and visited people in their rooms. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, including six people's care records, five staff files and other records relating to the management of the home, such as complaints, accident / incident recording and audit documentation.

We spoke with 16 people who lived at the service, four relatives, eight care staff, the chef, housekeeper, maintenance person, provider and the registered manager.

We 'pathway tracked' six of the people who lived at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and

policies and procedures.

Good

Is the service safe?

Our findings

At our inspection in June 2016, we found people's health, safety and welfare had not always safeguarded. The provider had not taken appropriate steps to ensure there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by August 2017. We found improvements had been made and the provider was now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Normanhurst Care Home. One person told us, "I am safe and content." Another said, "It's a good place to live." One relative confirmed they felt confident in leaving their loved one in the care of staff at Normanhurst Care Home.

At the last inspection it was identified that risk management for people needed to improve. This inspection found steps had been taken to ensure that decisions to ensure people's safety were underpinned by a clear rationale. People who had been assessed as at high risk of pressure damage had a care plan that guided staff on how to mitigate the risk. This included pressure relieving mattress, regular change of position and use of topical creams. There were clear rationales documented and discussed in respect of the use of sensor mats and stair gates used in certain areas. However as discussed during the inspection the use of sensor mats meant the call bell function was not assessable to the person. This was because there was only one access point. The concern was that if a person felt unwell, or slipped by their bed they could not call for help. Immediate action was taken to put a further call bell point in people's rooms so they could call staff when they needed them.

Since the last inspection the organisation had put systems in place to ensure staff followed good practice guidance in respect of accidents, incidents and falls. Accidents and incidents had been documented. There was now a clear follow up and actions taken as a result of accidents and incidents. For people who had unwitnessed falls a record of an investigation or plan to prevent further falls had been completed. This meant the provider had put measures in place to prevent a re-occurrence and protect the person from harm. The provider was able to show there was learning from accidents and incidents.

Staff were able to tell us how they ensured people received the care they needed. For example, how people's incontinence was managed and their skin integrity protected. Staff told us people who stayed in bed received two or four hourly position changes and the use of a pressure mattress. People sitting in chairs or wheelchairs in communal areas had regular changes of position and were offered regular toilet breaks throughout the day.

Medicines were stored, administered, recorded and disposed of safely. Storage facilities throughout the service were appropriate and well managed. For example, medicine cupboards were locked and the drug

trolley was secured to the wall when not in use. Staff were vigilant in locking the trolley when they were talking or giving medicines to people. We observed medicines being given at lunchtime and staff followed best practice guidelines. For example, medicines were administered individually using pots to dispense, waiting for the medicine to be taken and then recording on the Medicine Administration Record (MAR) chart. All medicines were administered by staff who had completed additional training and had undergone a competency assessment.

Some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. PRN guidelines were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. Variable dose medicines were also administered appropriately. , Some people had health needs which required varying doses of medicine related to specific blood test results. We found medicines were given in accordance with any changing requirements. No one at this time was receiving medicines covertly, but there was an organisational policy should this become a need.

The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation. Contingency and emergency procedures were available to staff and a member of the management team was on call for advice. First aid equipment was available and staff had undertaken appropriate training. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been completed. Emergency information was easily assessable, for example the evacuation list was visible near the front entrance and contained information on the location of people along with individual evacuation needs.

The service was clean and hygienic. All staff had had training in infection control and gloves and aprons were readily available. A visiting health professional told us, "It's always very clean but hand washing facilities in people's bedrooms could be better." This was fed back to the registered manager who immediately actioned paper towels and hand wash for those people who received visits from health professionals. One person talked about the cleanliness of the home and said, "Always clean and tidy." Comments from staff included, "We have a great team of cleaners," and "The cleaners work hard, it is kept fresh and clean."

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff told us there were enough staff to respond to people's needs. They also said, "When people are poorly, we try to sit with people as much as possible, especially if they have no family." The staffing levels during the day were one senior and three health care assistants. At night there were two staff. There was additional staff in the home to respond to domestic, catering, entertainment and administration duties. The manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs. We found the staffing arrangements ensured people had their individual needs attended to.

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff were able to describe different types of abuse and what action they would take if they suspected abuse had taken place. They were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. There were policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear guidance on protecting people from abuse and the contact number for the local authority to report abuse or gain any advice. We saw that safeguarding referrals had been made appropriately to the local authority safeguarding team in a timely fashion. One staff member told us, "I wouldn't hesitate to flag up any concerns."

People were protected, as far as possible, by a safe recruitment practice. Records included application

forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS), these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken and two staff completed these using an interview proforma.

Good

Is the service effective?

Our findings

At the last inspection in June 2016, the provider was in breach of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not been protected from undue restriction as assessments of people's capacity to make decisions had not consistently been undertaken.

The Provider submitted an action plan detailing how they would meet their legal requirements by March 2017. Improvements had been made and the provider was now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection staff had received training about the principles of the Mental Capacity Act 2005 (MCA). Staff told us most people would be able to consent to basic care and treatment, such as washing and dressing. The MCA states that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found the reference to people's mental capacity now recorded the steps taken to reach a decision about a person's capacity. We saw that decisions were made where possible with the person concerned and discussed on a regular basis. This ensured that any changes to a person's mental health was reflected in their capacity for decision making.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS forms part of the Mental Capacity Act (MCA) 2005. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS ensures that the least restrictive methods are used. The management team kept a list of DoLS authorisations submitted, and updated this regularly to ensure that it reflected the people who lived at Normanhurst Care Home. Since the last inspection staff had reviewed practices that may restrict peoples' movement and this included the use of stair gates. The risk assessments in place had considered if people were able to consent to these measures or whether a less restrictive practice could be used, for example pressure mats.

Staff had completed training to make sure they had the skills and knowledge to provide the support people needed. Staff and training records confirmed a programme of training had been established and staff had undertaken essential training throughout the year. The training provided was both face to face and DVD training with booklets to complete. This training included health and safety, infection control, food hygiene, safe moving and handling, and safeguarding. Staff training was closely monitored to ensure staff had completed required training.

The training programme was varied and reflected the needs of people living in the service. Staff received training in diabetic care, catheter care and dementia awareness. Additional training was also provided to support staff with developing roles, specific interests and meeting the changing needs of people living in the service. For example, a dignity champion and an infection control lead. The training had been effective in supporting staff to provide safe consistent care delivery. We observed good practice in moving and handling

people, assisting people with their food and in delivering person centred care.

Staff told us the training provided them with the skills they needed and included practical sessions along with time to discuss specific areas of care. The manager reviewed staff training at supervision and supported them to complete the required programme. Staff received regular and on-going supervision. It was also an opportunity for staff to feedback any concerns they may have. Staff told us they felt supported at the home. One told us, "Really supportive team, great team working." Staff felt information was shared effectively. This kept staff up to date of any changes and ensured they felt involved in the day to day running of the service. Staff were informed of any essential changes during daily hand over meetings and regular team meetings.

People were supported to have enough to eat and drink to maintain their health and well-being. Most people told us the food was 'good.' The menu offered choices of well-balanced nutritional food at mealtimes. Staff recorded people's food and fluid intake when it was necessary. The records were in the main clear and accurate.

People's dietary needs and preferences were recorded. People told us their favourite foods were always available. Diabetic, vegan, soft or pureed and other special diets were available when required.

We observed the mid-day meal service. The food was nicely presented by the staff and staff ensured people had assistance as they required it and fruit was offered at meal and drink times. Hydration stations were set up in communal areas, which meant cold drinks were always available and offered regularly especially during warm weather. All staff had been informed of the need to encourage and offer drinks when the weather was warm. We were told snacks were available during the evening and night if someone felt hungry. One staff member said, "The kitchen is always open we can access bread, cheese and soups." They also told us, "The chef uses full fat milk, cream for soups and adds cream to sauces, they can also make milk shakes if we ask."

Records showed people had regular access to healthcare professionals, such as GPs, chiropodists, opticians and dentists and had attended regular appointments about their health needs. For example, we saw that advice had been sought for one person from the dietician due to a health condition. Staff took their advice and ensured that supplements were offered and co-ordinated with the kitchen team to ensure a balanced and accurate diet was maintained.

Good

Is the service caring?

Our findings

People told us that they were treated with respect and that staff were caring. One person said, "So nice here, very kind and patient." Another person said, "Can't praise them enough, so kind and caring."

People were treated with dignity and respect and their confidentiality protected as much as was possible. The staff had offices which were situated away from communal areas which allowed privacy when staff shared information. All confidential papers were kept in filing cupboards and drawers and staff ensured telephone conversations were undertaken in private. Care records were stored securely There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

People were treated with kindness and compassion in their day-to-day care. We observed staff assisting people with their meals in a way that was respectful and inclusive. They sat with the person and maintained eye contact whilst talking with them. Staff did not rush people.

People were cared for, supported and listened to and this had a positive effect on people's individual needs and well-being. People who found it difficult to initiate contact were given individual time and one to one attention throughout the day. We were told, "All staff really good, staff, kind and gentle."

Staff ensured that people's dignity was protected when assisting them. We also saw people's personal care was of a good standard and undertaken in a way expressed their personality. People were supported to wear make-up and jewellery and wear clothes of their choosing. When prompting people with personal care in a communal area, staff talked in a quiet manner ensuring other people did not hear. People's dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. Relationships between staff and people receiving support consistently demonstrated dignity and respect was considered.

Staff promoted people's independence and encouraged them to make choices. There were people who lived with mobility challenges and needed the assistance of staff to move around the home safely. Staff observed people discretely as they walked around the lounge and to and from their rooms, if they were at risk of falls, and supported them if required. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "Lunch is ready, shall I help you to the table?" They crouched down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "We try to ensure people are as independent as they can be, we might not agree but it is their choice." "We encourage people to do things for themselves, like going out and about and shopping or meeting old friends." Another staff member said, "Giving them a choice in decisions that affect them is important and respectful."

People's equality and diversity needs were respected and staff were aware of what was important to people. Staff told us how they supported people to follow their lifestyle choices such as religion and supported them

in maintaining their interests as much as possible.

People and their relatives had personalised rooms with their own belongings including furniture, photographs and ornaments. People were able to spend time in private in their rooms as they chose. Bedroom doors were kept closed when people received support from staff and we observed staff knocked at doors prior to entering. People told us that they liked their rooms and the lounges were comfortable, "It's like a hotel, we can sit and chat and look at the sea." People told us they were encouraged to make their room their own and some rooms were very personalised in colours of their choosing, curtains and furniture. One person said "It meant everything to me to be able make it my room. It made it easier to move in here. "We observed friendship groups had developed between people and they were supported by staff to maintain these.

Relatives were complementary about the staff saying, "The staff are kind," "Staff are kind and caring" and, "Seem caring." Relatives told us staff were always polite and approachable.

The management team and staff had worked to improve the décor and environment for the people who lived there. There was work on going to replace carpets and to re-decorate and upgrade the premises.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in March 2016, improvement was needed to ensure a person centred approach to delivering care and support. This inspection found improvements had been made and further improvements planned which included the introduction of a computerised goal outcome care plan system.

People commented they were well looked after by care staff and the staff listened to them. One person said, "They listen to me." Another person said, "I am well looked after, they ensure that I get my pills and look after my health."

Some specific care plans needed action as they did not reflect important details of people's health needs such as how much fluid they take in 24 hours when on restrictive fluids for specific health problems and regarding side effects of their treatment and medicines. As discussed staff need these details so if a person becomes unwell they would be able to support them safely. This was an area that requires further improvement.

Activities were provided and a programme was displayed around the home. Activities were an area that the organisation was continuously trying to improve. The provider employed two staff whose roles focused on coordinating, planning and delivering activities for people. These staff undertook their activity roles over five days a week. Outside of these times care staff were responsible for meeting people's social needs. We spoke to one of the staff responsible for activities, they described the types and range of things people could be involved in. For example, regular visiting entertainers included pet therapy and singing entertainers. During the inspection we saw various interactive quizzes took place along with one to one time. Care staff told us they had usually had time to spend with people to chat. A staff member said, "We are encouraged to sit and chat, best part of the day." Staff told us how people were supported to go out for walks along the sea front, shopping and meet friends for coffee. Two people told us the evenings were long, as nothing happens after tea. One person said "Everybody disappear in the evening so it can be lonely, I don't want to sit and watch television on my own." Another said, "Coming to live here was obviously strange and a little frightening not knowing anybody and everybody already had friends. It would be nice to have a welcome party." Staff took these comments forward immediately for discussion with the care and activity staff.

The home encouraged people to maintain relationships with their friends and families. One person said, "My friends and relatives visit regularly and are always welcomed." Another said, "I feel the home is welcoming, my family visit regularly, staff always pop in and chat to them and offer them a drink." We saw visitors were welcomed throughout our inspection and the interactions were warm and friendly. Visitors were complimentary about the home, "Very welcoming, and friendly" and, "Lovely home, clean and comfortable."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the manager or any of the staff, they are all wonderful." The manager said, "People are given information about how to complain. It's important that you reassure people, so that they are

comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager, who is so visible and approachable, always there to talk to if I need to." Call bell responses were seen to be timely during the inspection visits and were monitored regularly by the manager.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in June 2016, the provider was in breach of Regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because good governance and accurate records were not in place.

An action plan was submitted by the provider detailing how they would meet the legal requirements by March 2017. Improvements had been made and the provider was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However the quality assurance systems needed to be established into practice to drive continuous improvement. This now needs to be sustained over time.

People told us they liked living at Normanhurst Care Home. Visitors said they were satisfied the home was being well managed. One relative said, "Everyone is so nice." A visitor said, "Yes I know who is in charge, very visible and approachable." Comments reflected on the approachability of the manager and senior staff working in the home and the belief that they listened to their feedback.

The provider had management structures that staff were familiar with. The staff were complimentary about the changes and the leadership within the home. One staff member said, "She has worked so hard, totally committed to improving, and she's fair and honest." Another said, "We work together and we are listened to."

The provider had not correctly displayed their CQC rating on their website and the information on the website was misleading. This was identified and rectified during the inspection process.

We recommend the provider ensures that they understand all legislation in respect of providing care and treatment.

Since the last inspection organisational audits were now being completed routinely. Quality monitoring systems had been developed and a full time auditor employed. However we found areas that required further development. For example the infection control audit had not identified the lack of hand wash and hand towels in people's bedrooms so staff can wash their hands after assisting with personal care. A visiting health professional also mentioned the lack of hand washing facilities in bedrooms when they visited.

Medicine audits looked at record keeping and administration of medicines and the registered manager said action would be taken through the supervision process if issues were identified. Staff now audited each other on a daily basis and medicine errors had decreased. Audits for accidents, incidents, falls and skin tears were undertaken monthly and had led to a decrease in repeated falls and accidents. New improvements to the documentation and auditing of unexplained bruising had been introduced and beneficial to the management overview of safe care delivery.

The provider had been working with the registered manager to develop the support and care provided at

the home. From the updated action plans we saw a record of some of the improvements we identified, such as infection control, consent pathways and person centred care as well as areas for further improvements with action plans to address them.

Relatives felt they were able to talk to the manager and staff at any time and the relatives meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it."

Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and the monthly staff meetings. Staff said, "We are really encouraged to be involved in developing ideas for people, to ensure they are."

The registered manager said she used the notification system to inform CQC of any accidents, incidents and issues raised under safeguarding and we were able to check this on our system. We found information had been sent to CQC within an appropriate timescale.

Staff told us they were clear on who they reported to and had access to the registered manager if needed. Three staff members when asked if they felt supported said, "Always, we know we will be listened to." Staff were aware of the whistle blowing procedure and said they would use it if they needed to.

The management team and staff had been open and honest where problems had arisen, including the last CQC inspection and were continually looking for ways of improving the service further. This proactive response was also evident throughout the inspection process where improvements were progressed immediately following identification. For example, care plans for one person who had a specific health problem and needed clear guidance in their care plan to guide staff in delivery safe care. Staff were involved in the decision making as a team.

Normanhurst Care Home had clear values and principles established at an organisational level. All new staff had a thorough induction programme that covered the organisation's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff.

The provider sought feedback from people and those who mattered to them in order to improve their service. Meetings were used to update people and families on events and works completed in the home and any changes including those of staff. People also used these meetings to talk about the quality of the food and activities in the home. Meetings were minuted and available to view.

Staff meetings were now regularly held to provide a forum for open communication. Staff said meetings were an important part of communication as they could raise ideas, concerns, issues and feel supported by the staff team.