

Norton Lees Hall and Lodge Limited

# Norton Lees Hall and Lodge

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Norton Lees Hall and Lodge is a care home providing accommodation and personal care to older people, some of whom are living with dementia. The service can accommodate up to 80 people in a purpose-built facility over two floors and four wings, each with a separate dining room and lounge. At the time of this inspection there were 30 people living at Norton Lees Hall and Lodge in two of the wings.

### People's experience of using this service and what we found

Medicines were stored safely. People received their medicines as prescribed. We have made a recommendation the provider and registered manager consider best practice guidance regarding fluid thickeners.

People's relatives told us they felt their family member was safe living at Norton Lees Hall and Lodge. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by their managers.

Staff received the training and support they needed to undertake their jobs effectively. 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.

People enjoyed the food served at Norton Lees Hall and Lodge, which considered their dietary needs and preferences. People were supported to access relevant health and social care professionals in a timely way to ensure they were getting the care and support they needed. People were supported by caring staff who knew them well.

The service was well-led. Comments about the registered manager were positive. Staff were asked for their views on the service at regular meetings. There were plans to also introduce regular meetings for relatives and residents. There were effective systems in place to monitor and improve the quality of the service provided.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2019) and there were four breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 and 23 August 2019. Four breaches of legal requirements were found regarding fit and proper persons employed, safe care and treatment, staffing, and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norton Lees Hall and Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Norton Lees Hall and Lodge

## Detailed findings

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had followed their action plan and to confirm they now met legal requirements in relation to Regulation 19 (Fit and proper persons employed), Regulation 12 (Safe care and treatment), Regulation 18 (Staffing) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection team was made up of three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Norton Lees Hall and 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection to ensure we could inspect the home safely during the Coronavirus pandemic.

#### 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

#### During the inspection

We spoke with four people who lived at Norton Lees Hall and Lodge and 13 of their relatives about their experience of the care provided. We met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with nine members of staff.

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 looked around the building to check environmental safety and cleanliness. We looked at written records, which included six people's care records and four staff files. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing policies and procedures, and maintenance records.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure appropriate checks on the suitability of staff had taken place prior to them starting work. 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.

- The process of recruiting staff was safe. Staff personnel files contained enough information to demonstrate that appropriate checks had been undertaken to ensure they were of good character. However, not all files contained an up to date photograph of the member of staff. The nominated individual assured us staff photographs would be updated.
- There were enough staff employed to help keep people in safe. The registered manager completed a staffing dependency tool to calculate staffing levels each month. The tool was based on current occupancy levels and the needs of each person living at the service.
- Relatives told us there were enough staff employed. Comments included, "I feel there are enough [staff]. What is good is that they are the same staff, so I know them by name" and "I think there's enough staff on duty. They've all been lovely."
- The staff we spoke with all agreed there were currently enough staff employed. One member of staff told us, "I think there are [enough staff] now. The resident numbers have dropped so it's a good ratio now. I think the ratio is just right actually."

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

At our last inspection the provider had failed to consistently assess the risks relating to the health and wellbeing of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Risks to people were managed. Staff knew people well. People had the equipment they needed to help keep them safe. Where risks to a person had been identified there was an associated care plan with clear guidance for staff. However, as the provider was in the process of changing from paper care records to

electronic care records, we found not all information had always been transferred over. We told the nominated individual about this who agreed to take immediate action to ensure all risk assessments would be fully transferred to the new electronic system.

- Risks to people in the event of a fire had been assessed and managed. There were regular checks of firefighting equipment. Staff took part in fire drills.
- Accidents and incidents were logged electronically with a record of action taken. The registered manager analysed these every month to establish whether there were any trends and any lessons to be learnt. This information was fed back to staff at the daily 'flash' meetings.

#### Using medicines safely

- Overall medicines were managed safely. Each person had a medication administration record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. These were completed for each person. However, where fluid thickeners had been prescribed they were not included on the person's MAR chart. This meant it was difficult to establish if they had been consistently given.

We recommend the provider and registered manager consider best practice guidance in this area and act to rectify this issue.

- Medicines were stored securely and within safe temperature ranges.
- Senior care staff took responsibility for administering medicines. These staff had received training in medicines management and their competency in this area was checked.
- People received their medicines as prescribed. We saw senior care staff were kind and patient with people while supporting them with their medicines.
- Some people were prescribed medicines on an 'as required' basis (PRN). There was clear guidance for staff on when the person may require a PRN medicine.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe here, I am comfortable." Relatives agreed. Comments included, "I've not always felt [relative] was safe in the past, but now it is the best it's ever been. There have been improvements in everything. For more than twelve months I have felt happy about things there. I feel it has been turned around in the last twelve months" and "[Relative] is in the safest place they can be. I have no qualms about [relative] being there as it is the safest place for them."
- There were systems in place to help protect people from abuse. Staff had received training on safeguarding vulnerable adults and were able to tell us what they would do if they suspected abuse had taken place. Staff were confident any concerns they raised would be taken seriously by management and acted upon appropriately. One member of staff said, "They [managers] are on the ball. If they didn't do something, I would take it higher. They explain things to you so it's quite good."
- The registered manager kept a file of safeguarding concerns referred to the local authority and any action taken in response. However, there was no tracker to keep an overview of what was happening with each referral. The registered manager told us they planned to introduce a tracker if or when more safeguarding concerns were raised.
- The provider was responsible for managing small amounts of money for people living at Norton Lees Hall and Lodge. There were accurate financial records kept for each person.

#### Preventing and controlling infection

- The premises were clean and well maintained.
- There were systems in place to reduce the risk of the spread of infections. Staff had received training in the



appropriate use of personal protective equipment (PPE) and their competency in the area was checked.

# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide appropriate training for staff and had failed to provide appropriate support for staff through the provision of supervisions and appraisals. This was a breach of regulation 18 (Staffing) 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 18.

- Staff received the training and support they needed to carry out their jobs effectively. Staff told us they had received an induction to their jobs. This included mandatory training and shadowing more experienced members of staff. We saw records of this taking place on staff files.
- Staff told us they undertook mandatory eLearning training, covering topics such as, infection prevention and control. A member of staff told us, "I think the training is good enough. You can always ask questions if you're not sure. The management staff are approachable."
- Staff received ongoing support from the managers, including through supervisions. However, supervision frequency was not always in line with the provider's policy of every three months. The registered manager kept a supervision matrix to record when these meetings had taken place with each member of staff. We saw it was an improving picture. Staff confirmed this, "Supervision has lapsed a bit during the [Coronavirus] pandemic. But managers do ask how we are, and they are very supportive."

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

- People's nutritional needs were met. Some people had specific dietary needs. We saw these needs were catered for. Adapted drinking cups, crockery and cutlery were used as required.
- The lunchtime experience was positive on both wings. People ate in the dining room or the adjacent lounge area, if they preferred. Some people chose to eat in their rooms. Tables and trays were set out nicely with placemats, paper napkins and condiments. Food looked hot and smelt appetizing to us. There was plenty of chat and laughter between people and staff.
- There were enough staff to support and encourage people to eat. Staff clearly knew people well and where appropriate, encouraged them to eat things they knew they liked. People were given the menu options the night before, however we saw it was not a problem if they changed their minds on the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Family members told us their relatives had access to medical professionals when this was required. Comments included, "They [staff] always phone me, if [relative] is unwell or had a fall they will call the doctor and let me know", "They [staff] keep me informed. They are very proactive. [Relative] was offered a cancellation appointment and staff arranged for [relative] to go straight away, on the same day" and "Communication is good. [Relative] has had a couple of minor falls. They [staff] told me straight away that they had called the GP in to check [relative] over."
- The care records we looked at confirmed people were supported to access a range of health and social care professionals. Contact details were included in people's care records. Care records were updated to reflect when a professional had visited.

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

- The premises were suitable for people living with dementia. There was clear signage and plain flooring to aid orientation. People's photographs and names were on their bedroom doors.
- There were photographs and pictures in the corridors and communal areas to aid reminiscence.
- There was a lift in the building and the gardens were accessible for people with mobility difficulties.

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

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.

- The service was working within the principles of the MCA. People's care records contained consent to care documents. It was clear where people did not have capacity and would require support with making some decisions. In their care records we saw their relatives had been consulted. We saw records of best interest meetings taking place when significant decisions needed to be made. For example, where there was a need for potentially restrictive interventions, such as bed rails.
- The registered manager understood the implications of the MCA. They had made appropriate applications to the local authority for DoLS authorisations.
- Care staff understood the principles of the MCA and this was part of their mandatory training. We saw staff asked for consent and explained what they were going to do before supporting a person.
- People's care and support needs were assessed before they moved to Norton Lees Hall and Lodge to ensure they would receive an appropriate service.

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

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

At our last inspection the provider had failed to ensure appropriate governance systems were in place to monitor the quality of service provision and compliance with requirements. This was a breach of regulation 17 (Good governance) 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 17.

- The registered manager came into post after the last inspection. They have introduced effective quality assurance and governance systems to assess the safety and quality of the service. For example, there were regular audits of people's dining experience. There were also records of a daily walkaround the premises taking place and daily 'flash' meetings with all departments represented.
- The nominated individual kept oversight of the service by completing their own monthly audit and produced a weekly report of any major issues for the owners. We saw the monthly audit was shared with the registered manager and action taken as required.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these reflected current legislation and good practice guidance. However, some needed further updating to ensure they included local procedures and contact details. The registered manager agreed to do this.
- Regular checks of the buildings and the equipment were carried out to help keep people safe. The home had up to date safety certificates in place for the premises and the equipment they used.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service was well-led. Staff told us the registered manager, deputy manager and registered manager were accessible and approachable. Relatives were also complimentary about the support and advice they received from the administrator. Comments included, "[Name of registered manager] seems forthcoming and friendly. I think things have improved since they have been in post" and "[Name of registered manager] is our main point of contact. [Name of administrator] is also brilliant."
- Overall there was a positive culture and staff told us they enjoyed working at Norton Lees Hall and Lodge.

Staff and relatives told us they would recommend the service to friends and family if they needed this type of care and support. Comments from staff included, "Nice home to work for. I enjoy coming to work. Nice group of staff here" and "We are a good team. We [staff] are 150% caring. We really do care about the people we look after."

- The registered manager understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. They understood their duty of candour.
- The provider continued to ensure the ratings from their last inspection were clearly displayed in the home. However, their website needed updating to ensure the correct rating was displayed and easily accessible. The nominated individual ensured this was completed during the day of the inspection.

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

- People, their relatives and staff were given some opportunities to give feedback about the service.
- The registered manager told us a survey had been sent out to relatives earlier in the year and the responses were mainly positive. There had been some complaints about TV reception. As a result, new aerials were bought and the issue resolved. Relatives confirmed they had been asked to complete a survey.
- In addition to daily 'flash' meetings the registered manager had regular meetings with all staff and planned make this a monthly occurrence. The registered manager also planned to introduce meetings with relatives, this had not been possible to date due to the Coronavirus pandemic.

Working in partnership with others

- The registered manager worked in partnership with Sheffield local authority and Clinical Commissioning Group.
- The registered manager was part of a number of forums to share learning and best practice with other local care providers.