

Norton Manor Care Limited

Norton Hall

Inspection report

Woodbury Park

Norton

Worcester

Worcestershire

WR5 2QU

Tel: 01905357766

Date of inspection visit:

15 April 2016

25 April 2016

Date of publication:

27 May 2016

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 Hall is registered to provide care and accommodation to up to 31 older people. At the time of our inspection 30 people were living there.

The inspection took place on 15 and 25 April 2016 and was unannounced.

At the time of our inspection a registered manager was in post. 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.

Improvements had taken place since our last inspection regarding the management of people's medicines and in the audits undertaken by the registered manager. These improvements were made to ensure people received safe and effective care and support. Systems were in place to monitor and review people's experiences.

People told us they felt safe living at the home and that staff treated them well. Staff were seen to be kind and considerate and treated people with respect and dignity. People's privacy was respected.

Staff were aware of different types of abuse and were able to describe the actions they would take to keep people safe. People felt sufficient staff were on duty to meet their needs. The provider had systems in place to review staffing levels. Systems to ensure safe recruitment processes were in place and to ensure nurses were registered to practice.

Staff were supported by the management and received training to ensure they had the skills and knowledge necessary to care for people. Staff received regular one to one meetings with a manager and attended staff meetings where they were able to voice their opinions. People's care needs were well known by the staff we spoke to.

People were asked for their permission prior to receiving care and support so people were able to give their consent. Where people were not able to give their consent decisions were made in their best interests.

People's healthcare needs were monitored and health professionals were consulted in order to maintain people's well-being. People told us they liked the food available and confirmed a choice was available to them.

People were satisfied with the care provided and were supported in a way they wanted. People had care plans in place describing their needs and risks associated with their care.

Staff told us they enjoyed their work and liked the management team. People and their relatives were

confident any complaints made would be listened to and responded to.

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.

People felt safe living at the home. Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's welfare were identified and plans were in place to minimise the risk. Sufficient staff were on duty and recruitment checks were in place. Medicines were administered as prescribed and managed safely.

Is the service effective?

Good ●

The service was effective.

People were cared for staff who had received training. There was an awareness of the risk of withholding people's liberty unlawfully. People were supported by staff who were aware they needed to gain consent prior to them providing care and support. People's dietary needs were taken into account. People had access to healthcare provision to ensure their well-being.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind and considerate. People were treated with respect and their right to privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning care and support. People's likes and dislikes were known by staff. People participated in interests and hobbies they enjoyed. People's views were sought as a means of making improvements. People were confident their concerns would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

People were aware of the registered manager and spoke highly of them. Systems in place to monitor the quality of the service provided. Where improvements were identifying action was taken.

Norton Hall

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.

This inspection took place on 15 and 25 April 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the home and had discussions with eight people about the care and support they received. We looked at how staff supported people throughout the time we were at the home.

We spoke with the registered manager, the registered provider and seven members of staff including nursing staff, care staff and catering staff. We spoke with nine relatives of people who lived at the home.

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 at the records relating to two people who lived at the home as well as medicine records. We also looked at staff records and quality audits.

Is the service safe?

Our findings

During our inspections in June 2014 and April 2015 we found the provider did not have suitable arrangements in place to make sure people who lived at the home were protected against risks associated with the unsafe management of medicines. The registered manager told us they had worked hard since our last inspection to make the necessary improvements.

During this inspection we found improvements had been made to make sure people received their medicines safely to maintain their health and well-being. People we spoke with confirmed they received their medicines at the right time. One person told us, "We always get them (their medicines) on time. Another person also confirmed staff applied their creams as needed to ensure they were not sore.

We saw the nurse on duty administer people's medicines. The nurse was seen to check the records first to make sure they were about to give the right medicine to the right person. Once medicines were given we saw the nurse sign the records to evidence they were given. The nurse ensured people were not rushed and gave people time to take their medicines.

The nurse was aware of medicines which were time specific regarding when they needed to be giving. This information was passed on to the following shift as part of the handover.

We looked at medicine records and saw these were completed following administration of medicines. These records showed people were given the correct dose when they were on a variable dose throughout the week. Daily checks were in place to ensure medicines were given as prescribed. The registered manager had carried out audits of medicines. Where errors were found suitable action to improve practice within the home was taken. We found the amount of medicines held to be correct and balanced with the records held.

People we spoke with told us they liked living at the home and liked and trusted the staff. People told us the home was a safe place for them to live. One person told us, "I feel safe living here because always somebody about." Another person told us, "I feel safe with this (their call bell) near to me. During our inspection we saw people responded well to members of staff. We saw from people's body language that they were comfortable when with staff and were seen to smile and engage with staff in a friendly way.

All the relatives we spoke with told us they believed their family member to be safe living at the home. One relative told us their family member was, "Well looked after. Because I know [person's name] is safe I am reassured [person's name] is in safe hands. Another relative told us their family member was, "Safe because always staff on call and available". A further relative told us, "I have never seen any bullying or anything untoward happen to anybody" and added, "I am very happy with the home and wouldn't want to move [person's name] away".

The registered manager was aware of the action they needed to take in the event of abusive practice taking place in the home or affecting a person who lived at the home. The registered manager had recently commenced on update training with the local authority due to recent changes in local safeguarding

procedures.

Staff members we spoke with were able to describe different types of abuse people could be subjected to while living in a care home. All the staff were aware of their responsibility to report any actual or suspected abusive practice. Staff told us they would inform the manager if they had any concerns. Staff were aware of other external agencies they could speak with including the Care Quality Commission (CQC). Staff we spoke with confirmed they had received training in how to keep people safe.

Risks to people's well-being were assessed and reviewed to ensure people were cared for safely. We saw staff transfer people from wheelchairs to an easy chair in the lounge. These transfers were carried out safely to ensure people were not injured. Equipment was available to assist staff move people safely. We saw these items of equipment were regularly maintained to ensure they were safe to use. Slings for the hoists were allocated to each individual to ensure people were transferred using the right size sling and in line with good infection control procedures. Staff were seen to use other equipment such as wheelchairs safely for example by ensuring footrests were in place and cushions to prevent people developing sore skin were used correctly. Audits to ensure equipment was safe and well maintained were carried out.

People told us they believed a sufficient number of staff were on duty throughout the day and night to meet their care needs. One person told us staff responded well when needed and told us "They always answer the call bell promptly". Another person told us staff responded, "In no time" if called. A relative we spoke with confirmed staff answered calls bells in a timely way. During our inspection we heard call bells ring in people's bedrooms and also heard people call for staff to assist them. On these occasions staff responded promptly to people's needs.

Relatives raised no concerns about the staff on duty. One relative told us their family member had previously fallen over a number of times before going to the home but believed due to the staff availability had not fallen since. Another relative told us they liked seeing regular staff at the home and told us, "I don't think they have a high turnover of staff".

The registered manager told us they used a dependency tool to establish the number of staff they needed to have on duty at any one time. The registered manager was confident they could increase the staffing levels if people's care needs required such intervention.

The provider ensured safe recruitment procedures were in place. These included staff having a Disclosure and Barring Service (DBS) check carried out and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions. The provider had used the information received to ensure suitable people were employed so people using the service were not placed at risk. The registered provider checked nurses were registered with their governing body to practice as a nurse to ensure people received care and treatment from nurses qualified to do so.

Is the service effective?

Our findings

People we spoke with told us they were cared for by staff who had the knowledge and skills needed to support them effectively. One person told us, "Not much they (staff) don't know."

Staff we spoke with confirmed they received training they believed relevant to the care and support of people who were living at the home. One member of staff told us, "I've done a lot of training." During our inspection staff were seen to be taking part in training available to them via a computer. We were also informed of forthcoming moving and handling training. A member of staff told us about their induction training. They told us they spent a period of time shadowing experienced members of staff and worked as an extra member of staff on duty. The registered manager had commenced new members of staff on the Care Certificate. The Care Certificate is a national award to help staff develop and demonstrate key skills, values and behaviours.

Staff we spoke with told us they were well supported by the management and attended regular meetings with them during which they were able to discuss any training needs they had. We spoke with staff and found they had a good understanding of people's care needs and told us they had received the training to enable them to care for people.

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 interest and as least restrictive as possible.

Throughout the inspection we saw staff seek the consent of people they were providing care and support to. For example whether people wanted to wear a protective apron while they ate their meal. We also saw staff seek permission to remove people's plates once they had eaten their meal.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

As part of this inspection we looked at the DoLS which were in place. One application was authorised by the local authority and the registered manager was able to describe to us the restrictions in place. We saw some applications were made to the relevant local authority and were awaiting assessments as to whether they would be authorized.

We saw people's capacity in making decisions regarding aspects of their care had been carried out. Where best interests decisions were made on behalf of people who lived at the home these were reached involving suitable people such as healthcare professionals and family members and looked at the least restrictive option. During our inspection we witnessed staff listen and support people with their day to day decisions.

People we spoke with told us they enjoyed the food provided. One person told us, "We don't get a cooked breakfast everyday but it's good". Another person told us, "I enjoy the food. There is nothing you couldn't eat. It's all nice and cooked well." A further person told us, "The food is lovely and you get plenty of it."

Staff were seen to support people as necessary while they eat their meals. For example staff were seen sitting at the same level as people. Where people needed assistance this was done discreetly and at the person's own pace. We heard staff inform people about what food was available and consulted with people about what they wanted. Staff were aware of people's dietary needs such as people who needed food to be purified or people who needed fortified foods within their diet.

Throughout the inspection we saw drinks were available to people. People were given a choice of drink and people were encouraged to have drinks throughout the day.

One relative described the cook as, "A dream". This was because they knew what their family member liked and made allowances for them so they received the type of food they liked in a way they could eat it.

People told us they were able to see their doctor when needed. One person told us "If you need a doctor they are here within hours. Another person told us, "I need a dentist. I asked last week and they (staff) are sorting it."

All the relatives we spoke with confirmed they either had been or were confident they would be informed about any changes in their family member's health. One relative told us they felt, "Kept in the loop" regarding any changes in health care or their family members medication. Another relative told us their family member needed to see an optician and confirmed staff at the home had made arrangements for one to visit the home. The same relative told us their family member's current glasses were always kept clean.

We spoke with one healthcare professional who told us in their experience the care provided at the home had improved. The healthcare professional told us staff took notice of their instructions and guidance regarding people's well-being. They confirmed when requests for tests to be carried out to monitor people's health these would be carried out by staff at the home.

Is the service caring?

Our findings

People who lived at the home told us they liked the staff. One person told us, "I don't think we could get better care than we get here." Another person told us, "I am very happy here" and spoke highly of the care and support they received. The same person described the personal care provided by staff to be, "Very good."

Throughout the inspection staff interacted well with people who lived at the home. Staff were seen to be kind, caring and considerate. People were relaxed when in the company of staff members including the registered manager and the provider. Conversations between people and staff were positive, meaningful and friendly. Staff ensured people had time to respond to them. We saw people smile at staff and hold their hands while care and support was provided.

All the relatives we spoke with were complimentary about the staff and the care their family member had received. One relative told us, "The staff are just wonderful. I am really pleased with them" and added, "They are brilliant." The same family member also told us they believed the care provided to be, "Lovely" and said their family member was always, "Clean and tidy" when they visited. Another relative described the staff as, "Very friendly" and told us they always spoke with them when they visited. They told us their family member was, "Well looked after." A further relative told us, "I am very pleased with the care. Everyone is so caring. It's a really cheerful environment."

Relatives told us their family member received a good standard of personal care. One relative told us they liked how staff looked after their family member's nails which was important to the person. Another relative commented on the personal care their family member received and told us they always looked well cared for.

A relative contacted us to tell us about the care and support their family member had received during the final days of their life. They told us how the family were cared for as well as their relative. We were told how well cared for their family member was such as well presented, comfortable and their needs met by, "Attentive staff". We were told the care provided eased the difficult time the family experienced.

People were able to make choices about aspects of their care. For example people were able to decide how they spent their day where they spent their time and what they did. Staff were aware of what was important to people and important events in their lives. One person told us, "I can make decisions such as when I want to go to bed. The staff listen to you. I didn't think I would cope with people looking after me but they're so understand."

Throughout our inspection we saw examples of privacy and dignity been upheld. For example staff were aware of potential dignity issues when people were using a hoist. Staff make sure people were suitably covered. All the staff we spoke with were able to give as examples of how their practice ensured people's privacy and dignity was maintained. We saw staff provided personal care with bedroom doors shut and a sign displayed on the person's door advising care was taking place. We spoke with a member of staff not

involved in personal care who told us they would not enter a person's room if the notice was on display.

Is the service responsive?

Our findings

People were aware of care plans kept by the staff and told us they were able to see these and comment on them. One person told us, "When they (staff) discussed it with me I told them I couldn't be anywhere better." The same person added, "They asked me about any dislikes I have so they would know about them." Another person told us staff treated people who lived at the home as, "Human beings."

People's relatives told us they were involved in planning the care provided for their family member. One relative told us they had seen their family member's care plan and had discussed it with their relative to make sure it was correct. Another relative told us they were due to attend a review in the foreseeable future but told us the registered manager would regularly go over things with them and made them feel involved in the care of their family member.

A relative we spoke with told us their family member was recently admitted into the home. The relative told us staff were prepared for their family member's arrival at the home and had knowledge of the person's care needs.

All the relatives we spoke with felt the registered manager and the staff team had responded well to ensure individual needs of their family member were met. One relative told us they had brought to the attention of the staff a particular dislike and fear their family member had. The relative told us they were reassured by staff they would take this information on board and ensure the person was cared for in the event of a situation happening. Another relative told us the care and support provided for their family member was specific to the likes and dislikes of the individual. For example their family member liked to be jolly so staff used humour more than they may do so with other people. A further relative told us they felt, "Every avenue that could be covered was" regarding their family member's care and were confident care would be provided to meet the person's needs.

Staff we spoke with knew the care needs of the people they were supporting and were aware of what was important to people. For example we saw staff members sat with people talking about subjects such as their interests, their family and what they had done in the past such as working life.

During our inspection we saw people take part in different interests or hobbies. One person told us, "We have plenty to do. We play games. I can always find something to do." Another person told us, "Staff ask us if we would like to do things". We saw people were engaged in individual interest while others were involved collectively. For example some people were seen reading newspapers or involved in word searches while others took part in a game of bingo. During this game we saw staff assist people as necessary to complete their board of numbers while they offered encouragement to other people. We also saw people take part in planting bulbs. During this time staff engaged in discussion with people about the different appearance of some bulbs and the flowers which would grow.

All the relatives we spoke with felt their family member was able to do what was important to them. One relative told us their family member enjoyed playing dominos and also enjoyed going out for walks. We were

told staff at the home facilitated both of these to happen. Another relative told us they were pleased their family member now had things to do rather than look at a wall at their own home. The relative told us their family member joined in things but just like people watching. A further relative told us their family member liked their own company and remained in their own room. The same relative was pleased how staff were continuously in attendance as needed and would call into to see their family member for a chat.

The registered manager told us they had not carried out any satisfaction surveys since our last inspection. Consultation with people who lived at the home and their relatives had happened by means of forum meetings. These were meetings where relatives were invited to comment upon the care provided.

People we spoke with were confident they could speak with the registered manager or other members of staff in the event of them having a complaint or concern about the care provided. One person told us, "I have no complaints. Nobody grumbles. Everybody seems happy to me." Another person told us, "If anything wrong here I would tell you but the staff are all really good."

Relatives we spoke with were confident they could raise any concerns with the registered manager. The provider had a complaints procedure in place. The registered manager told us they had not received any complaints regarding the service provided at the home since our last inspection.

Is the service well-led?

Our findings

We previously inspected Norton Hall in April 2015. Our report was published in August 2015. The registered provider was assessed as overall 'Requires Improvement'. We found relatives of people who lived at the home were frequently aware of the outcome of the previous inspection. One relative who was aware of the previous report told us the registered manager had made a "Big effort to change things" as a result of report findings. Another relative told us their family member had recently moved into the home and described the registered manager as very open in their approach as they were told about the previous inspection and the work they had needed to implement to improve.

We found the registered manager had improved systems to monitor the quality of the service provided to people. The registered manager had introduced a range of audit. These were carried out monthly. Audits included the management of medicines and the visual checks on equipment such as mattresses and cushions. Any improvements needed were recorded and the actions taken were also recorded.

Everyone we spoke with was aware of the registered manager and people spoke positively about them. One person told us, "If anything wrong she (the registered manager) puts it right. She is very good and checks we are all alright." People were aware of the registered provider and confirmed he visited the home regularly.

The registered manager was seen interacting with people who lived at the home. We saw people responded well to them with a smile or touch. The registered manager had a good awareness of people's care needs as well as family members and what was important to people.

Relatives we spoke with were complimentary about the registered manager. One relative told us the registered manager was, "Really nice" and "On her feet all the time when the call bells are sounding". The relative we spoke with thought it was good that the registered manager assisted with the care and support of people who lived at the home. Another relative described the registered manager as, "Very approachable" and, "Good management who also stop and answer any questions." A further relative described the registered manager as, "Extremely efficient" and believed the home to be well run as a result.

Staff told us they liked working for the registered manager and provider and felt supported in their work. One member of staff told us, "It's great I love it here." A member of staff told us, "If I was worried about anybody's care I would speak with the manager". They told us they knew they would be supported and knew their concerns would be addressed by the registered manager. Staff confirmed they were able to attend staff meetings and were empowered to raise any areas of where they believed improvement could be achieved. Staff also confirmed they received regular one to one meetings with a manager during which they could discuss the care provided for people as well as their training needs.

A relative commented on the friendliness of staff and added they had never heard any member of staff commenting on their work and believed the staff team to be, "Happy and content" in their work. The same relative told us they were made to feel, "Welcome" by the registered manager and the staff and added they, "Couldn't do any more" to help their family member settle into their new home.

