

ARMSCARE Limited

Norfolk 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 13 February 2015 and was unannounced. We arranged a return visit to the service on 16 February 2015 to complete our inspection.

Norfolk Lodge is a residential care home that provides accommodation, care and support for up to 30 older people, some of whom may be living with dementia. The home does not provide nursing care. There was a person in place who was managing the service. This person was in the process of becoming the 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 and associated Regulations about how the service is run.

All of the people we spoke with told us they liked living at the home and felt safe. They said that they were supported by staff when they needed it and that they were able to discuss things if they had any concerns or worries. People's needs were met by staff who were friendly, caring and who spoke appropriately to people. We saw that staff treated people with respect and clearly

Summary of findings

knew the routines and preferences of each person. People also told us they were happy that they lived at Norfolk Lodge. They described various activities and special events that they had recently enjoyed.

Staff knew about how to keep people safe and also how to protect them from abuse. Staff had been trained and had the knowledge they needed to provide support to the people they cared for.

We were told that training had been booked with the local authority regarding the Mental Capacity Act 2005 and this was to also include Deprivation of Liberty Safeguarding (DoLS). This was to provide more current knowledge regarding these areas for members of staff. Our discussions with staff and people living at the service clearly showed that staff knew about the Mental Capacity Act (2005) and understood when the best interests of people required further discussion.

People we spoke with said that the food was good and that they always enjoyed their meals.

There were alternative meals offered at each meal time and the nutritional intake of people was noted. Staff worked together to ensure people had what they wanted at meals and they checked with people that they were happy with the food they had been provided. Staff were

aware of the importance of good nutrition and hydration. They encouraged people to eat and drink what they preferred. Concerns found of people not eating or drinking were reported on and action was taken.

People and/or their relative were consulted and involved in reviewing their plans of care to ensure their needs were met. They had access to healthcare professionals when they became unwell or required specialist help with a medical condition. People's independence was encouraged and developed wherever possible.

The provider completed an assessment of need for all people using the service. Records were held to guide both staffing levels as well as the care required for each person. These records had been updated to reflect current needs.

Surveys had been completed by people who lived at the service and also by relatives. These gained their view of the care and support provided to them. People told us that any concerns or worries were quickly dealt with and they could speak with staff at any time.

Regular checks and audits were completed to ensure the service provided was appropriate. The premises were maintained as a safe environment that met people's needs. Medicines were securely stored and records showed that people had received them as prescribed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The service had assessed the risks to people's safety and staff were always available to help them.

Staff knew how to reduce the risk of people experiencing abuse.

Medicines were available when people needed them. Regular checks were carried out to make sure people were safely assisted to take the correct medication.

People lived in an environment that suited their needs, allowed them to be independent and was kept safe and well maintained.

Good



Is the service effective?

The service was effective.

Staff knew about the needs of the people that they supported and people had access to specialist healthcare advice when it was needed.

People were cared for by staff who were trained and had the knowledge and skills they needed to provide support for people.

Staff demonstrated an understanding of the Mental Capacity Act (2005) when supporting people to make decisions for themselves about their care.

Good



Is the service caring?

The service was caring.

People were involved in making decisions about their care and staff responded when people asked for help.

Staff were kind and attentive and supported people's wellbeing at all times. People's privacy and dignity were respected.

Staff listened to people who lived at the service and offered choices. People were supported to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

People's individual needs had been assessed, planned and reviewed with them to make sure these were met. Staff knew how people wished to be supported.

Activities were provided and people would always ask and discuss any new activities or outings. People had access to, and were informed about, activities within the community.

People were able to talk with staff about any concerns they had. Concerns and complaints were dealt with quickly and opportunities were developed to encourage people to speak openly.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People knew who the management team were. Staff were listened to and could question the way care and support was being provided.

The quality of the service was regularly monitored and audits were completed on all aspects of the service provided.

Good communication systems were in place and the manager was readily available to all.

Good



Norfolk Lodge

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 was 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 13 and 16 February 2015 and was unannounced on the first day of the inspection. We made an appointment to return and speak with people who lived at the service. It was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included information we had received and any statutory notifications that had been sent

to us. A notification is information about important events which the service is required to send us by law. We looked at previous inspection records and all other information that we hold about the service.

On the days we visited the service, we spoke with six people who lived at Norfolk Lodge, two visitors, one professional and with five members of care staff and two domestic staff. We later telephoned three relatives to ask for their opinions of the service that was provided. We spoke with the person who undertook overall management of the service. We also observed how care and support was provided to people.

We looked at four people's care plans and other records that showed us what routines people maintained and how they liked to be supported. We looked at other records such as medication records and discussed with the provider about appointments that regularly checked if prescribed medication was appropriate.

Is the service safe?

Our findings

One person said to us, “I do feel safe here and staff are really good.” Another person told us, “They do look after me in every way.” Discussions with one visitor confirmed that they felt people were supported appropriately and kept safe. They felt that all members of staff looked after people’s welfare and ensured they remained in an environment that was maintained to support the safety of people.

One relative we telephoned said, “People are definitely kept safe there.” Another relative told us, “I would recommend Norfolk Lodge to anyone, the staff keep my relative safe and happy. They keep them all safe.”

Staff had completed safeguarding training and knew how to respond if they had any concerns about abuse or a person’s safety. Staff told us that people living at the service were encouraged to share any concerns they might have. We observed staff checking that people were happy and asking if they needed any assistance when they were moving around the building. One person told us that they felt safe at all times as staff always made certain that they were seated correctly and comfortably before they left the person on their own.

Risk assessments had been completed, were reviewed and up to date. Care plans held individual risk assessments for specific daily activities that assisted staff to support the safety of people. Potential risks to people had been assessed and reviewed by staff to ensure that they were receiving appropriate care. Staff knew the care and support

needs of each person living at the home. Staff described the action they took to minimise the risk to a person’s safety, this showed us that people were protected and had their changing needs met in as safe a way as possible. Any identified risks were minimised or eliminated for the welfare and safety of people living at the service.

We noted throughout the day that staff attended to people’s needs and provided continued support and attention. People were encouraged to maintain an independent lifestyle in an unrestricted way. Any external trips or outings were risk assessed and people were supported by appropriate numbers of staff, supporting people’s safety. One person living at the service told us that staff gave them reassurances and encouragement when they undertook an activity and said, “I feel safe with staff.”

Medicines were safely stored and managed. Regular checks on temperatures and the medication administration record (MAR) sheets were completed. Staff told us that the small cupboard area for storage could be restrictive at times when dealing with medicines. The manager subsequently explained that when decoration was completed in current rooms, a larger, more appropriate room would be used for the storage of medicines.

We observed staff administering medicines and they quietly explained about any tablets or dosage when people asked about their medicines. Staff waited and saw that medicines were taken before moving onto the next person. We saw that the routines being undertaken were appropriate and in accordance with current guidance and good practice.

Is the service effective?

Our findings

Staff told us that the GP was called as soon as there were any concerns about a person's health. They said that professional advice was sought for people with any specific health difficulties and specialist consultants were involved whenever necessary. People living at the service and their visitors confirmed this. One person said, "Whenever I feel a bit unwell they always call the doctor for me. They are so good." One relative told us that staff kept them fully informed of any incidents or appointments. This enabled family to attend if they wished. We were told this was a great help and stopped their relative from worrying.

We saw that menus were varied and that food looked appetising at the lunch time period. Staff were fully aware of the type and amount of food people preferred. Staff talked and provided assistance when needed during the lunch period. People were offered various condiments and asked if they wanted more sauce on their meal. One person told us, "I do not eat much, but staff really try to find things for me to enjoy. They make sure I have something regularly during the day." We noted that staff were encouraging people appropriately to eat their meals and everyone we spoke with said they liked their meals. People also felt that they could ask for something different if they wanted, or if they did not feel like a cooked meal. People's fluid and food intake was known to staff and they worked together to make certain that people received enough to eat and drink. Staff were aware of any individual needs or changes in diet and immediate action was taken as needed.

We saw that people were supported appropriately with their lunch time meals. The cook knew who liked a large or small meal, so people were not put off their food with incorrect size portions. Staff were calm and organised, providing a relaxed atmosphere for the meal time. Staff discussed the food to ensure people had what they wanted. One person said that the food was very good and that no one could possibly grumble.

People's capacity to make decisions about their own care and support was assessed. People confirmed that staff asked at all times and they never assumed a person would want something. People said staff discussed matters fully with them and allowed each person to make their own choices. One relative said that staff always explained things clearly and took time to allow people to fully understand their choices. Risk assessments were completed and people had been fully supported to undertake things as independently as they wished. There were regular reviews of risk assessments to ensure these were appropriate and relevant. Staff discussed such assessments and showed that they had an understanding and knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager told us that the service had not made an application to the DoLS team in recent months. However, the service had previously had a DoLS in place but following a review of the measures implemented, this had then been cancelled.

Is the service caring?

Our findings

People living at the service and their relatives were all very complementary about the staff team who provided their support and care. They told us that the staff were always available to speak with them about any matters and that they enjoyed living at the service. They told us they were happy and staff were very caring. One relative said, "I am so very impressed by all the staff. They always laugh and joke with people. The place has a very upbeat atmosphere." Another person told us that they would choose Norfolk Lodge at any time as they felt it had a very kind and caring staff team.

We saw that staff regularly offered people choices and then allowed time for the person to make a decision. Staff respected and supported people's choices. When needed staff made certain that the individual had enough information and detail to make an informed decision. For instance, when administering medication staff explained what they had. They waited for the person to agree to take any medicine that was offered. People living at the service told us that staff were caring and considerate. People living at the service all agreed that staff had time for them and were very supportive at all times.

We noted that staff used respectful language when describing any events. They were also respectful when they spoke about the people they were caring for. Staff described the individual needs of people during a staff handover period. They knew the daily routines of people and when support was needed. Staff recognised that the independence of people should be maintained as much as possible. We heard staff explaining details of how a person, whose needs had changed slightly, had asked to be assisted. They were aware of the best way to support this person with their daily activities and routines, acknowledging people as individuals.

There was a welcoming atmosphere on entering the building and visitors also confirmed this. One person explained that staff were always smiling and that they enjoyed visiting. Two people said they could not think of anything that could improve as they received all the care and support they needed. One relative told us, "Staff could not be more caring. I have to say they are very good."

Everyone we spoke with confirmed that staff always thought about the person's dignity and privacy. We saw that staff ensured doors were closed when providing personal care, they spoke quietly to people so others did not hear and gently encouraged when people were undertaking anything independently. We saw that staff supported people to choose their own daily routine and there was conversation throughout the building during this inspection. Staff said, and our observations confirmed, that they checked with the person that they agreed with the care or support they were about to provide.

The care plans we looked at had been written in a way that showed the person concerned had decided what support or care they received. They showed clear choices and preferences to ensure care was provided as the individual had chosen. They showed that people had decided when things would be provided for them, supporting the choices of individuals. We saw information about the life history of each person. This allowed staff to discuss past employment or activities with people, particularly those with any memory loss. People's needs, likes, dislikes and preferences were also obtained for staff to refer to at any time. Staff were able to demonstrate a good knowledge of people's individual needs when we asked about people's preferences and routines. Our discussions with people living at the service also confirmed that staff knew the needs of the people they supported.

Is the service responsive?

Our findings

One person staying at the service said, “Yes I like the home and the staff are very good to me.” Three people chatted and laughed with staff and then continued their discussions. One person said, “Staff are always ready to help and know exactly how I like things.” One relative told us, “Staff know what is happening and if anything has changed. They know their job and understand exactly how people prefer to be helped.”

Staff explained how some people preferred to be assisted and the support they needed. Staff asked the person concerned before they assisted in any way. They waited until the person was ready to move or be assisted without rushing or hurrying people. One person explained that they liked things a certain way, they said all the staff knew this and they were very pleased with this. They told us that they would not choose to live anywhere else.

We attended a staff handover between shifts. They passed on essential detail and information to the next shift as well as reminded people about any appointments that were booked. This ensured appropriate support was provided for people at the required time.

We reviewed the care plans for six people and found they contained sections about people’s health needs, personal care and mobility amongst other things. People said that they were involved in their care plans. Visitors also said that care plans were reviewed regularly either with them or their relative, as the person had chosen.

Care plans described the care people needed and also contained risk assessments for people’s risk of such things as malnutrition or pressure ulcers. The plans had been reviewed regularly to ensure the information about people’s needs was kept up to date and accurate. Daily records were maintained for each person that detailed how the person felt each day, the activities they had enjoyed as well as any healthcare appointments they had attended.

Staff told us that they felt care plans supported them to fully meet the needs of people. We observed how one

person was supported by staff. Discussions with this person confirmed that the person had requested the exact support they had been given. They told us that staff knew their routines and preferences really well.

During our inspection there was a constant interaction between staff and people living at the service. The conversation was often lively and people were laughing and joking with staff and this meant that people were stimulated and not just left to sit with no conversation.

The visitors we spoke with had not had cause to make a complaint or express their concerns. They described the staff as always helpful when they visited and said if they were worried about anything they would feel confident to approach any member of the team. One visitor told us they had previously been worried about their relative and staff had reassured them and known exactly what was happening at the time. They also said that they were kept fully informed of anything that may have an impact on their relative.

During our discussions with people living at the service, everyone told us that they would always talk with staff and that they knew they would be listened to and helped if needed. Staff we spoke with were clear they would pass people’s complaints and concerns to the manager. There was a formal complaints policy and procedure in place and people told us they had information about how to make a complaint. The manager explained that staff worked closely with all visitors and relatives to make certain that any issues were addressed as soon as possible.

Outings, routines and events were planned to meet personal choices and preferences. For example, on the day of our inspection there was an impersonator there to sing. People were looking forward to this and talked with us about the songs they enjoyed. We later saw that staff were encouraging people to sing, dance and join in this activity. One person told us, “I have been waiting for this, we all enjoy ourselves here.” Another person said that they had lots of events and that, “There is always something going on in here. We have a good time.”

Is the service well-led?

Our findings

There were monitoring systems in place that audited the service that was delivered. There were various checks in place that monitored the safety as well as the quality of care people received. There were regular visits from the provider and again quality indicators were produced and reviewed.

We saw that surveys had been carried out to obtain the views of people who used the service, visitors and family members. People were asked about their thoughts regarding the development of the service. Any matters that needed to be followed up were documented and the outcomes outlined. The manager had also initiated renovations and alterations to improve the environment within the building to further enhance the experience for people who lived at the service.

We were assured that people and staff would be listened to and appropriate action would be taken when any issues arose such as complaints or concerns. People living at the service agreed that the manager was always available and had an open door policy. We saw that this was the practice during this inspection. We were told that staff, including the manager, always had time for people. This showed an open and inclusive management style that allowed everyone to voice their opinion and be listened to.

Staff told us that they would have no hesitation regarding whistle-blowing as staff worked as a team to provide appropriate support at all times, no matter what situation arose. Staff described how they would deal with such a situation, including poor practices. They also said that they all worked together, supported each other and felt confident about speaking out about any unacceptable practices within the staff team.

Our observations and comments from staff indicated that the registered manager promoted a caring environment. Staff said that their morale was good and they demonstrated that they understood their roles and responsibilities. They told us that the manager had an open door policy and was approachable, supportive and caring towards them as well as to the people who used the service. Staff felt they were listened to if they had any ideas. There were regular staff meetings where staff could discuss their roles and the further development of working practices. When we attended a staff handover between shifts, staff were open and fully discussed matters that were currently in need of attention.

People were kept fully informed of events and developments at the service through the issue of a regular newsletter. People were asked if they minded their picture being used in this publication, so relatives and visitors could see what recent activities had been enjoyed. Information about meetings was also included in the newsletter. This inclusive style of communication showed that the service worked openly and inclusively as much as possible.

People were listened to and action was taken on any suggestions for improvements or adjustments to the service. These matters were then fully discussed and all outcomes were recorded for staff, relatives and people living at the service. Action points were noted and review of any action plans was built into the process. This helped ensure that standards of service provision were maintained and improved.