

Normanton Lodge Limited

# Normanton Lodge Care Home

## Inspection report

Normanton Lodge Limited  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Normanton Lodge Care Home provides accommodation for up to 43 people requiring personal care and is based in South Normanton in Derbyshire. At the time of our inspection there were 37 people using the service.

People's experience of using this service: People were protected from the risk of abuse. Staff knew how to recognise, and report abuse if required. Risks associated with people's care were identified and actions taken to minimise risks occurring. Accidents and incidents were monitored to ensure any trends and patterns were identified and addressed. The service had sufficient staff available to meet people's needs. There was a safe recruitment process in place. We completed a tour of the home with the registered manager and identified some areas which required attention. These areas were immediately attended to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received training and support to carry out their role. Healthcare professionals were involved in people's care where appropriate and their advice was adhered to. People had access to an outside space, although this was restricted at the time of our inspection, due to building works taking place in the grounds of the home.

During our inspection we spent time observing staff interacting with people. We found staff were kind and caring and supported people in line with their individual needs.

People received person centred care which met their needs and took in to consideration their preferences. The provider employed an activity co-ordinator and people enjoyed participating in social events. The provider had a complaints procedure which was available to people. The registered manager kept a log of concerns and complaints and the procedure was followed when needed.

A management team supported the staff and ensured people received appropriate care. Staff we spoke with felt supported by the management team and felt valued. Audits were in place to identify areas which required attention and action plans were devised as needed. People we spoke with told us the home was managed well and had confidence they could approach staff and management if they needed to. Rating at last inspection: Good (report published 17 November 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

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

## 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 remained safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

# Normanton Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector 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:

Normanton Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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.

#### What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with five people who used the service and two of their relatives. We spent time observing staff interacting with people. We spoke with ten staff including care workers, the registered manager, regional manager, and the deputy manager. We looked at documentation relating to two people who used the service, two staff files and information relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse. Staff told us they completed training in this subject and knew what actions to take if they needed to.
- People we spoke with felt safe living at the home. One person said, "Moving here was the best thing that happened to me. I feel safe here, the carers make me feel safe." One relative said, "[My relative] is safer here than she was at home as they used to wander at night." Another relative said, "There's always somebody to reassure [relative], make a drink, we have no concerns at all."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified.
- Risk assessments were in place to detail how to minimise the risks from occurring.
- We observed staff assisting people to move using equipment such as a hoist. We saw this was done safely. One relative said, "[Relative] was in a smaller room at first, but when she needed hoisting they were able to move them to a bigger room." Another relative said, "I see the hoist in use every day, [my relative] needs hoisting, they [staff] do it safely."

Staffing and recruitment

- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.
- We spent time observing staff interacting with people who used the service. We found there were enough staff to assist people as they required.

Using medicines safely

- We found there were safe systems and processes in place to manage people's medicines.
- People we spoke with and their relatives felt medicines were administered safely and on time.
- We observed the senior care worker administer medicines and we saw this was carried out in a safe way.
- Medicines were stored safely, and temperatures were recorded of the store room and fridge used to keep medicines.

Preventing and controlling infection

- People were protected from the risk and spread of infection. However, we completed a tour of the home with the registered manager and found some areas required attention. For example, the sink in the hairdressing room was wearing underneath and bare wood was exposed making it difficult to clean. The

shower room floor was worn. The registered manager took action immediately to resolve the sink. The shower room floor had previously been identified by the registered manager and was scheduled for refurbishment.

- We observed staff wearing gloves and aprons where required and they told us they had received training in infection control.

#### Learning lessons when things go wrong

- The provider had a system in place to monitor accidents and incidents. This identified trends and patterns.
- The provider explained that action was taken when things went wrong. For example, at one stage the accident and incident analysis had identified there was an increase in the number of falls people had in the evening. As a result of this, staffing numbers were increased to help reduce levels of risk.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Support plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- Staff we spoke with were knowledgeable about people's needs and choices.
- We spoke with relatives who felt their family members needs were always considered and changes were made to their care plan when required. One relative said, "We had quite a few meetings to do with [our relative's] care when they first moved here. [Our relatives] care plan gets updated as their needs change."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and supported to carry out their role. Staff told us the training provided was of a high standard and gave them the skills and knowledge they required.
- We spoke with people and their relatives and they felt staff were well trained and knowledgeable about how to support people. One relative said, "I think staff are well trained. The training courses are always well planned so that there's enough cover when staff are on training."

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

- People were supported to maintain a healthy balanced diet which met their needs.
- The majority of people we spoke with enjoyed their meals. One person said, "The food is nice, I enjoy it." However, other people were not so happy with the meal provision. One person said, "The food is lousy. They work a two-week rota and it doesn't change, I don't like mince."
- We observed lunch being served and found staff were supportive and assisted people as required.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to health care professionals when required.
- We looked at care plans and saw when healthcare advice had been given, staff had followed it to ensure people were supported appropriately.
- We spoke with a healthcare professional who said, "The staff take on board the advice given to them to increase comfort for people in their care. Staff assist people in a person-centred manner and are thoughtful and caring."

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The service was working within the principles of the MCA. Where any restrictions on people's liberty had been authorised and any conditions were applied, such authorisations were being met.

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

- The service was designed and decorated to meet the needs of people living at the home.
- The home had good signage to assist people to navigate around the home.
- Outside space was available and we saw people accessed this space. However, access was restricted due to building works taking place on the same site.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We spent time observing staff interacting with people who used the service. We saw staff were respectful, understanding and compassionate.
- Staff supported people in line with their preferences. Everyone we spoke with complimented the staff saying they were caring and kind. One relative said, "They're marvellous with [relative]. They talk to [relative] even though they can't communicate or reply to them. They explain what they're doing." Another relative said, "I'd recommend it here because of the staff. They're very kind and caring. They really care it's not just a job."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and we saw staff assisting people to make choices about their care and how they wanted to spend their day.
- One person expressed an interest to sit in the garden and staff supported them to do so. It was sunny but cool, so staff gave them a blanket to ensure they were kept warm.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained, and staff supported people to maintain their independence.
- We observed staff knocking on doors prior to entering and talking to people discreetly about care interventions.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care which met their needs and preferences. Staff respected people's choices.

- People told us they were involved in their care.

- We looked at a sample of care plans and found they reflected the care and support people required.

- The provider employed an activity co-ordinator who planned and organised social activities for people.

One person told us they enjoyed taking part in activities such as painting and drawing, games, and trips out to various places of interest. People also enjoyed entertainers who visited the home, saying, "They [entertainers] are brilliant."

- Relatives we spoke with also felt activities provided were of a good standard. One relative said, "[Relative] tries to join in with the activities. They [staff] are lovely with [relative]."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled.

- We spoke with people who used the service and their relatives, and they felt able to complain if they needed to.

- The registered manager kept a log of complaints and ensured lessons were learned and action was taken to prevent the same issue being raised again.

End of life care and support

- People were offered appropriate end of life support when required.

- The registered manager explained that care plans would be amended to ensure people's end of life care preferences were respected.

- One relative we spoke with said, "We discussed end of life care and we wanted [our relative] to stay here rather than be taken to hospital. The manager came with me to the doctors to discuss this."

# 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.

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

- At the time of our inspection there was a registered manager in post. A registered manager is a registered person. 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.
- The registered manager was supported by a management team which consisted of a deputy manager, team leader, and senior care workers.
- Staff understood their roles and responsibilities and knew when to ask for support from the management team.
- Staff told us that they worked as a team and felt valued and supported.

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

- People and their relatives felt involved in the service and told us they were informed about any changes.
- The registered manager and staff team were keen to engage with relatives and visitors to the home. They were welcoming, friendly and showed a passion to involve everyone who lived, worked and visited the service.

Continuous learning and improving care

- The management team completed several audits to ensure the service maintained the standard expected from the provider. Audits included areas such as the environment, medication, care documentation, staff records, infection control and accident analysis. Where actions were required we saw action plans were devised and issues were addressed.
- The regional manager completed a monthly report and worked closely with the registered manager to ensure they had a good oversight of the service.

Working in partnership with others

- The service worked with other professionals such as health care workers. The provider ensured that appropriate support was obtained as required.
- The registered manager took on board issues raised by other services such as food hygiene and fire service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team were very involved and active in all aspects of the service. They led by example and

addressed issues as they arose.

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was knowledgeable about what to raise and had informed CQC of events as legally required.