

Norbury Hall Residential Care Home Limited

Norbury Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Norbury Hall is a residential care home that provides support and personal care for up to 81 older people, some people using the service were living with dementia. The service is set in a landscaped park. One section of the home is an older large Grade II listed building with 40 bedrooms and the other is a purpose-built extension with an additional 41 en-suite bedrooms. Accommodation within the home includes bedrooms on the ground, first and second floors. When we inspected the first-floor area of the older building was being refurbished and was not in use. There are two passenger lifts to access all floors. At the time of our inspection 59 people were using the service.

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

Improvements have been made in the environment to help reduce the risks to people and to help people call for help when they needed to. However, sometimes people's risks had not been identified or recorded properly on people's electronic care records. This meant people may not receive the care they needed from staff to keep them safe.

People's choice of food was limited. People had mixed views about the food available and we did not see people involved in choosing the food they wanted to eat. People did not have access to food or drinks outside of mealtimes unless they asked for them. People and their relatives told us there were limited snacks between meals and no healthy options such as fruit appeared to be available. We have made a recommendation about improving people's nutritional outcomes.

Improvements had been made to the service to make some areas easier to clean and for staff to carry out hand washing before and after supporting people. However, we found there were issues with kitchen hygiene. Cleaning schedules did not have enough detail to show what had been cleaned and when, and foods were not always stored properly. We made a recommendation about the management of food hygiene.

Staff told us staffing levels had improved since our last inspection and we found changes had taken place to increase the number of skilled staff during the night shifts and make more staff available during the day. However, the number of staff required had not been based on people's needs and it would take time for us to see if the improvements in staffing had a positive impact on people's safety.

There had been changes in the managers at the service since our last inspection. A new management team was in place to support the sole director of the provider organisation who was also the registered manager. A detailed audit had been completed to identify ongoing issues with the service and the management team were working to put things right. Staff told us they thought things had improved. Relatives told us they did not know who the new managers were but some relatives told us they had recently been involved in their family members care and thought this was positive.

The provider had failed to display the last CQC rating of requires improvement at this service and on their website, as required. This meant it was harder for people to find out what we thought of the service.

People continued to be complimentary about staff and told us they were kind and caring. People thought staff had the right skills and records confirmed staff had received training over the last year to help improve their skills and knowledge.

People were supported to have 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 October 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made and the provider was still in breach of regulations. The service remains requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

During this inspection we have identified breaches in relation to, identifying and managing people's risk, involving people to have choice and to receive person centred care and, for failing to display the CQC rating.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Norbury Hall

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and an Expert by Experience attended on the first day of our inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors and an inspection manager attended on the second day of our inspection.

Service and service type

Norbury Hall 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

This inspection was unannounced.

What we did before the inspection

Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We looked at concerns and comments we had received from people via our website and we asked for 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. We used all this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service and one relative about their experience of the care provided. We spoke with 17 members of staff including the sole director of the provider organisation, the acting manager, the deputy manager and the consultant director of operations. We observed people and staff to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including audits and assessments of risk and the environment.

After the inspection

We spoke with six relatives and we continued to seek clarification from the provider to validate the evidence we found. We looked at additional information the provider had sent us around 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to assess risks to the health and safety of service users. They had not ensured the premises was safe to use and had not identified the risk to people. The storage of medicines was not always safe. The provider had not always assessed the risk of infection to people and had not applied adequate control measures to prevent the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to the environment to reduce the risk of infection to people. However, we were still concerned not all risks had been identified or recorded so staff knew what to do to keep people safe. This meant not enough improvement had been made and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management

- During this inspection we found improvements had been made to the environment at Norbury Hall. Emergency pull cords were the correct length and easily accessible for people should they need them.
- Many of the health and safety issues we had previously identified were in the older part of the building, this was being refurbished at the time of our inspection and was not being used by people.
- The service was in the middle of transferring paper records to a new electronic care records system, we had been told this would be completed in the next few months and people's care records were at varying levels of completion. At previous meetings with the provider we had been told all risk assessments had been completed and were on the new computerised system. After the inspection the provider sent us an action plan which also confirmed this.
- When people were at immediate risk the system was able to inform staff of the risk via a headline banner. For example, if a person had suffered a fall and staff had recorded this information, an alert would tell staff to give additional care and support.
- Although we were assured that once working to its full capacity the new care planning system would help staff manage people's risk, we were concerned that some people's risks had not been identified on the system and reports highlighting people's risks did not give assurance that risk was always being identified or managed effectively. For example, we looked at the provider's falls analysis to identify those people who had suffered a fall in the last three months and found these records did not correspond with the information recorded on the accident and incident forms we looked at. At least five people who had fallen were not recorded on the analysis. This meant those people requiring additional support may not have been identified by staff when they were using the electronic care records system.

- When people experienced weight loss we were shown how the electronic care records system had identified those people at risk. The deputy manager explained the GP would be contacted for advice in all these cases and, after the inspection we were given more information on those people identified as experiencing weight loss. However, we found some inconsistencies, only 28 people out of 59 people had been recorded on the system so we were not assured how risk was managed for other people who were also at risk of weight loss. One person who had been identified as losing weight had not been identified on the system as at risk and had not been included in the provider's report of actions taken. This meant that people's risk was not being managed effectively while the transition from paper records to the electronic care records system was underway.

We found no evidence that people had been harmed, however, systems were not robust enough, at the time of our inspection to demonstrate all aspects of people's risks were effectively managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to make sure there was enough staff on duty to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18. However, we remained concerned that people's needs had not been considered when calculating staff numbers and this meant there were times during the day when staff delivered task driven care to people rather than focusing on individual needs and preferences.

Staffing and recruitment

- At our last inspection we found the provider did not have a formal assessment in place to establish the amount of staff needed to care for people. At this inspection we found the situation was the same and although a dependency assessment had been completed for people this was not used to help the provider assess the number of staff required to care for people safely.
- During this inspection we found eight care staff were rostered during the day and this included two senior carers. At night care staff had increased to six and this included one senior carer. Although the day staff ratio had remained the same from the previous inspection the deputy manager was no longer included in the rota, allowing them to carry out their supernumerary duties instead of having their time split between care and administration duties. This meant there were more staff on duty to meet people's needs.
- We observed during the day staff were always visible and on hand to help people. However, when we first arrived on the first day of our inspection at 6.20 am we were concerned because 16 people were already up, washed, dressed and sitting either in the two dining rooms, the corridors or in their rooms. Staff told us these people were 'early risers' and liked to get up early. However, when we looked at people's care records there was no information to suggest they liked to wake up so early. We were concerned because this practice continued to suggest night staff prepared people for the day because day staff would be at their busiest first thing in the morning.
- We had received concerns that care staff were used to carry out cooking and cleaning duties in the afternoons and evenings. The duty rota confirmed the chef worked for 7am to 1.45 pm four days a week and told us a senior carer would undertake any cooking when he was not there. The rota also confirmed most of the cleaning and domestic staff worked between the hours of 8am and 3pm. We were concerned that care staff may be asked to cook and clean instead of caring for people and asked the provider who took on these duties. After the inspection the provider wrote to us to tell us after examining CCTV footage he could find no evidence that care staff were undertaking cleaning or domestic duties.
- Staff told us they thought staffing levels had improved and things were better now. However, sickness

sometimes meant agency staff were used and some times of the day were very busy.

- Systems were in place to make sure staff were recruited safely. Checks were carried out to make sure staff were safe to work at the service. We found one staff member had not been risk assessed following their criminal check. The deputy manager insured this was completed during our inspection.
- We asked the provider to look at complaints made about one staff member to ensure the service was following its own disciplinary procedure. The acting manager was carrying out an investigation and assured us they would inform us of their findings.

Preventing and controlling infection

- At our last inspection we found the service was not always clean. There was an unpleasant smell in some people's rooms and en-suites where urine had soaked into carpets. Many of the communal toilets and en-suites did not have toilet paper. Infection control audits were not in place. We saw dirty cloths were being used in the kitchen and the kitchen did not have a cleaning schedule in place.
- At this inspection we found some improvements had been made. New flooring in people's bedrooms and en-suites meant they were easier to clean and there were no longer unpleasant smells. We noticed small baskets had been placed in people's rooms with paper towels and hand cleaner so staff could wash their hands before and after giving personal care. Although toilet paper was in most of the communal toilets we looked at, it had not been placed in every toilet.
- A cleaning schedule for the kitchen was in place. This recorded daily cleaning but individual tasks were not itemised. Weekly cleaning tasks included cleaning the cooker, the fryer and sinks. The chef told us he cleaned the floor every day. We saw there were pest control traps in the kitchen although the chef told us there was not an issue with rats or mice in that area. We were concerned the cleaning schedule may not be adequate to make sure the kitchen was as clean as it could be.
- We looked at the storage of food in the kitchen, we were concerned some food storage did not follow best practice guidance, for example open bottles of mayonnaise, hot chilli sauce, mustard and sweet chilli dipping sauce were in the larder. These items should be stored in the fridge once opened and used within a recommended time period. We raised our concerns with staff who immediately put the items in the fridge. However, they did not discard them or label them with the date they had been opened.
- Frozen food storage was not always in line with best practice guidance, we found an open packet of bacon next to an open packet of ginger cubes. We asked staff to seal the bags to prevent one type of food mixing with another.
- There was a hand washing sink in the kitchen with a hand dryer, no paper towels were available and the cold-water tap was not working. We were concerned because this may discourage staff from washing and drying their hands properly before food preparation.

We recommend the provider consult best practice in relation to infection control and food hygiene in care homes.

Using medicines safely

- Peoples medicines were managed safely. Following a safeguarding investigation, the service had trained more staff to safely administer people's medicines. This included team leaders who worked on the night shift. This meant people were able to have their medicines when they needed them.
- At our last inspection we found medicine storage was not always safe. Medicine cabinets had been stored in the dining room and sometimes temperatures exceed the recommended temperature. At this inspection we saw medicine trolleys had been moved to a designated room for storage. Although this was not temperature-controlled records indicated the room was cooler so medicines were stored within the required range.
- The Medicine Administration Records (MAR) we looked at had been completed correctly. However, there were errors in the auditing of people's medicines, so when we counted the amount of medicine people had

in the medicine trolley it did not tally with the amount recorded on the MAR chart. This meant we could not be sure people had received the correct amount of medicine prescribed to them. The deputy manager managed to identify the recording error and assured us people had received their medicine safely despite the records.

Learning lessons when things go wrong

- A system was in place for recording accidents and incidents. However, not all incidents had been recorded in one place. Without this information we were concerned the necessary improvements to people's care may not always be made. The acting manager explained the transition from paper to the electronic care records system had caused some problems and they needed to look at how the system would work going forward.
- Staff told us they felt comfortable reporting concerns and we were told about the ongoing work at the service to encourage a culture of openness and transparency.
- Lessons learnt from incidents and safeguarding investigations were discussed at team meetings and we were given examples of changes made after incidents had occurred. For example, having trained staff in medicine management on night shifts and having 24-hour emergency procedures in place.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they thought their family member felt safe at Norbury Hall.
- The provider had arrangements in place to safeguard people from abuse.
- Staff said they had received training in safeguarding and knew the procedure for reporting concerns. Details of how to report concerns were displayed in the staff room and staff told us they felt confident their manager would respond appropriately to any concerns raised.
- Safeguarding was discussed during staff supervisions to help staff to keep up to date with their knowledge and skills in this area.

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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection people did not always receive care and treatment to meet their needs and preferences. The registered person did not ensure people had an adequate choice of food and drink. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to the environment to make the mealtime experience more relaxed for people. However, we were still concerned people's choices and preferences were not always considered and this meant people's care and support was not personalised specially for them. This meant not enough improvement had been made and the provider was still in breach of regulation 9.

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

- At our last inspection the mealtime experience for people was poor. People looked for seating in an overcrowded dining room and the service was hurried. During this inspection we found the provider was using the dining room on the first floor in addition to the ground floor dining room. People were able to sit and talk and the experience was more relaxed.
- People had mixed views about the food available. One person told us they liked the food and another said the food was OK but they would prefer to choose "plain English" food. No one told us they were offered a choice and we were told the menu only came out when "important" visitors were there. Comments included, "Food portions are too small. I never have a cooked breakfast. I occasionally see a small sausage and a tiny piece of bacon", "The food is critical and barely adequate. Lunch is small portions and supper is awful, a combination of leftovers from lunch and curled up sandwiches", "The food is inadequate, it was far better when I was in hospital" and "The [staff member] never asks us if lunch or supper is OK."
- Relatives told us they were concerned about the lack of fresh vegetables and fruit available both at meal times and throughout the day. One relative was concerned their family member was not eating enough because staff were not supporting them to eat. One person told us they would like to go out occasionally to buy fresh fruit as there was none available at the service.
- We observed biscuits were offered when hot drinks were served. This was at set times during the day. People told us they sometimes received biscuits and cake in the afternoon but told us "If we have visitors, staff do things differently" and went on to tell us that snacks were not always available. Staff confirmed people were not eating their lunch so it had been decided to stop serving biscuits mid-morning to increase

people's appetites and reduce food waste. We were concerned because we did not see a range of healthy snacks made available to people during the day. Night staff told us they would make people something to eat if they requested it and they would go to the kitchen of the ground floor to do this. Some people living with dementia forget to eat or drink or find it hard to ask for food or drink. Guidance suggests food and drinks should be visible and available throughout the day so that people can eat and drink whenever they feel hungry or thirsty, without having to wait for it to be offered to them.

We recommend the provider consult best practice guidance on eating well with dementia.

- Mealtimes continued to be structured with little choice for those people who preferred not to eat at set times or were thirsty outside of the set time. People were in the dining room well before our arrival at 6.20 am, drinks were not served until 7.15am. Staff told us people had been given a drink earlier but when we looked at people's records we could not see this had happened. Staff told us breakfast was served at 8am. However, two people told us how hungry they were at 7.30 and that they would have to wait because "it's not ready till 8, that's the rules." We were concerned because people had been awake for a long time without receiving a drink or a meal.
- Several people using the service had suffered weight loss over the last few months. The provider told us they were now using a frozen food supplier and they were satisfied the meals were nutritionally balanced. Pureed meals were prepared for those people who were at risk of choking and they told us people were offered a choice of two meals each day. However, from our observations and from speaking with people and their relatives we were concerned people could not exercise a genuine choice of food as options were limited.

Although some aspects of the mealtime experience had improved we found people were not always involved in decisions about their mealtimes and the structure of the meal and drink times meant people's options were limited. Healthy snacks and drinks were restricted and not readily available unless people asked for them. This meant people did not always receive care that was personalised specifically for them. This was a continued breach of regulation 9 (Person centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- At our last inspection we found there were gaps in staff training and the way the provider recorded training made it hard to monitor which staff had completed training and which staff were due refresher training.
- At this inspection we found a clear system was being used to identify those staff who required training. Staff had received their mandatory training, most within the last year. The Local authority had continued to provide support in certain areas. For example, they had recently given staff training in safeguarding adults.
- Although the induction was a basic checklist, new staff who were not up to date with their training were working towards the completion of the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in the health and social care sectors.
- Staff told us they had received enough training to keep up to date with their knowledge and skills. They told us they received regular supervision and were able to discuss any worries or concerns with their line manager. Records confirmed staff supervisions had been carried out regularly.

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

- Most of the service was designed to meet people's needs. However, more improvements were required to promote people's independence.
- People and their relatives told us they appreciated the garden and outside space at Norbury Hall.
- Quiet areas were available for those people who wanted to be alone.
- Although each floor of the service had toilet marked as disabled, we found that on the ground and second

floor they did not allow independent access for wheelchair users. We spoke with the provider about our concerns. After our inspection they wrote to us to tell us they had identified a disabled toilet on the first floor that was large enough for a wheelchair user to use independently.

- Corridors and doors were accessible for those people using wheelchairs or walking aids. However, we found the outside driveway was uneven and may cause a problem for those people who needed to use specialised equipment for their mobility or were at risk of falls. The deputy manager told us they had identified this as an issue and the resurfacing of the driveway was due to be completed in the near future.

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 healthcare services and received ongoing health care support.
- Two local GP's provided support for the people at Norbury hall and people told us they could see a GP if they needed to.
- Where people had identified health issues the GP was contacted and details of the conversation were recorded.

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

- People's needs were assessed when they first started to use the service. Since our last inspection the service had started to use an electronic care record system. This enabled staff to deliver care and record their actions in real time. Although there were some initial problems in the way staff were recording information the acting manager had addressed this and was working to train staff on the use of the handheld devices that accompanied the system. This meant that staff would know the type of care and support people required and managers could monitor specified actions had been completed to make sure people received the care and support they needed.

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 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 compliant with the MCA.
- Staff confirmed they had received training in MCA and DoLS and understood they needed to seek peoples consent and involve them in decisions about their care.
- The acting manager and the deputy manager understood the roles and responsibilities in relations to MCA and DoLS and knew when an application to deprive a person of their liberty should be made. Applications had been properly made and authorised by the appropriate body.
- People were asked for their consent when they first started to use the service and this included the use of CCTV cameras that were around the communal areas of the building.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and supported people to express their views.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring towards people.
- People told us they liked the staff at Norbury Hall and felt they were kind and caring. Comments included, "I'm happy here, the staff are kind", "Staff are nice" and "[The staff] look after me well." Relatives told us they had found staff to be caring. One relative told us, "The staff are incredibly warm and caring, they all know us and I have absolute confidence in them."
- We observed some good caring interactions between staff and people. One staff member noticed a person's lunch was cold and offered to warm it up for them. The person told them "I like you, you work so hard."
- People and staff were at ease with each other and the atmosphere in the service felt friendly and calm.
- Staff told us they enjoyed working at Norbury Hall and spoke with empathy for the people they cared for. Comments included, "I do like helping people and feel like when I'm doing this job I'm giving and gaining. I feel like I'm doing a good job", "I love my job and love it when people are happy" and "I really love the residents here and feel it's like a family atmosphere."
- People were asked about their spiritual and cultural needs when they first started to use the service and people were supported to follow their religious beliefs. When people had specific cultural dietary needs, these were met outside of the normal catering service. One relative we spoke with had mixed views about the quality and cost of the cultural food supplied and we discussed their concerns with the provider.

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

- Staff supported people to express their views through regular service user meetings. Minutes from these meetings confirmed people were asked about their food and drink choices, what they thought about the staff, anything they would like to change and activities in place. Although we saw some issues raised at residents meeting had been addressed, for example, people thought the attitude of some night staff had been poor. It was not always clear if all the suggestions made had been looked at and what the service had done in response to try to accommodate people.
- The service had recently started involving people and their relatives in care reviews. Only a few relatives had been involved at the time of our inspection but those we spoke with told us they had found it helpful.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected.

- People told us staff respected their privacy and dignity and encouraged their independence. One person told, " I chose my clothes and staff help me." Another said, "Staff help me to shower and they do my washing. It's done nicely. I can ask if I want a bath or shower and staff usually find the time.
- We observed staff speaking to people respectfully and ensuring people's privacy by knocking on people's doors before entering.

Is the service responsive?

Our findings

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

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 needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was in the process of transferring care records to an electronic care record system. We were told not all care records were complete and we found the information in people's care plans varied. For example, one person's record gave details of what the person liked to do and what may upset them. It gave a guide to staff to recognise certain behaviours that may indicate the person was anxious and what staff could do to defuse the situation. However, other care records did not have this level of detail. The acting manager explained they planned to complete all care plans in the next few months.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were first assessed when they first came to stay at the service. Records indicated if people were able to communicate verbally or required any additional aids to help them.
- We noticed some information for people was very wordy and complicated such as the service user guide and complaints procedure. The acting manager showed us the new complaints procedure they had created in a pictorial easy read format to make it easier for people to understand. On the second day of our inspection this had been displayed in the main reception area.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed two activity co-ordinators to support people to follow their interests and take part in activities. At the time of our inspection the activity co-ordinators only worked Monday to Friday. However, the acting manager confirmed the plan was to provide cover for weekends so a co-ordinator was on site seven days a week.
- People told us about the activities that took place at the service, this included nail painting sessions, hairdressers, colouring and jigsaws. A general activity scheduled was in place and this included, chair exercise, walks in the park, visits from a local nursery and a weekly church service. During the inspection we observed several people reading newspapers, playing games and working on jigsaw puzzles.
- People were complimentary of the activity coordinators and told us they were very conscientious and worked hard. However, people told us they would like to go out more on outings, one person said they

would like to go to the shops and several other people told us they would love to see more places of interest other than the local park.

- People formed positive relationships with each other. We observed people supporting one another throughout the day, giving encouragement when required, and offering friendship or a friendly face to talk with. One person told us, " We meet together every day for company. We get on really well and when we don't see eye to eye we leave it at that and get over it."

Improving care quality in response to complaints or concerns

- People's complaints were being managed effectively.
- People told us staff helped them as much as they could when something was wrong. One person told us, " I don't like complaining but I'm not afraid to do it if it's important." Relatives told us they would complain if they need to although most did not know who they would complain to. We saw a copy of the complaint's procedure was displayed in the main reception but noticed this was a long and complicated document. The acting manager showed us a more simplified version they had been working on and we noted this was on display during the second day of our inspection.
- In the past relatives had contacted the CQC when they were concerned that complaints had not been dealt with properly. The Acting manager explained they were trying to meet with relatives to find solutions to issues raised. Records indicated complaints were being managed effectively. However, we will continue to monitor progress in this area.

End of life care and support

- At our last inspection we found the service had adequate end of life arrangements in place to ensure people had a comfortable and dignified death. During this inspection we found not everyone had been involved in discussing their end of life plans and some information was not complete in people's care record's. The new computerised record system contained information about people's "Do Not Attempt Resuscitation" (DNAR) decisions but it was not clear if the new records contained information for staff about people's end of life wishes. The acting manager had explained they were still in the process of updating people's records. We will look at this again when we next inspect.

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 remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems and process were not in place to identify the issues we found relating to risks to people's safety, infection control, poor record keeping and inadequate staffing levels. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made to meet this breach in regulation 17, however, there were still areas under this regulation that required improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements when needed. This included an independent audit which helped to identify areas of improvement. The acting manager told us they were working on the improvements identified and gave us examples of work already completed.
- We found the provider had undertaken a variety of checks and audits since our last inspection. This included infection control audits, medicine audits, fire drills and audits to look at the safety of the environment.
- However, we remained concerned that the transfer of records from paper based to computerised system meant people's risk may not be identified and although we were assured by the acting manager that people's risk had been identified we found inconsistencies with the record keeping and a lack of detail needed to reduce risks.
- The provider had failed to meet legal requirements and had not displayed their CQC rating. At our last inspection Norbury Hall was rated as requires improvement. During this inspection we did not see the rating being displayed at the service. We looked at the provider's website and found links to previous reports when the service had been rated as good but the rating of requires improvement had not been displayed. This meant it was not obvious for people using the service and their family members or people looking at their website that Norbury Hall required improvement.

Failure to display a rating in a prominent way both at the location and on the providers website is a breach of regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 sole director of the provider organisation was also the registered manager and took on the legal responsibility of providing care and support for people in line with the regulations. The director relied on a management team to provide the day to day support at Norbury Hall. At the time of our inspection this consisted of a consultant director of operations, an acting manager and a deputy manager. Since our last inspection there had been several changes in the management structure and the new team had been in post for approximately four months.
- We spoke to the director about the ongoing management of Norbury Hall and the legal responsibilities of being registered with the CQC. The provider explained they were working with the current management team with a view to appointing a registered manager in the near future. They have assured us they will keep us informed of their plans so we have assurance in the management structure at Norbury Hall.
- The acting manager told us they had made changes to encourage an open culture at Norbury Hall, they encouraged staff to speak up at team meetings and during one to one meetings. Staff told us they were encouraged to report concerns to managers but told us sometimes they felt they were not listened to. We spoke to the provider about recent concerns raised by staff and the action they were taking. Shortly after the inspection the provider told us they were looking at these concerns seriously and had taken action in the meantime to reduce ongoing risk.
- Staff told us they felt the culture was changing at the service and felt the atmosphere and relationships with managers was getting better.

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

- People all knew the deputy manager and told us they liked them and could speak to them if they had any problems.
- Relatives told us they did not know who the new managers were and sometimes did not feel involved in decisions about their family members care. Some relatives told us they had recently been invited to attend their family members care reviews with shift leaders and felt this was an improvement. They told us this had not happened before and they had found this process helpful in understanding the type of care and support their family member received.
- Staff told us they thought things had improved at Norbury Hall since the last inspection. Comments included, "I'm happy working here...it's a lovely staff team", "I feel the managers promote good teamwork" and "Things have definitely got better."
- The acting manager sent us a copy of their service user guide, this is a document given to people and their families when they first start to use the service so they know what to expect. Relatives told us they had not received this but details had been explained to them.
- We had received some concerns from people's relatives regarding the lack of response from managers at Norbury Hall. One relative felt they were not being listened to and the provider had not responded to their concerns in a complete or timely way. They felt the communication between the managers and people's relatives was poor. The acting manager told us they were trying to address this by having regular relatives' meetings to give people the opportunity to meet the management team and ask questions.
- Regular service user meetings were held where people were asked about all aspects of the care and support they received. People's views and comments were recorded and we noted any issues regarding staff were discussed during staff meetings.

Continuous learning and improving care

- The provider had made improvements since our last inspection. We noted regular staff meetings were used to discuss learning and changes that needed to happen to improve people's care.

- The acting manager spoke to us about actions taken to improve people's care. They had introduced new safeguarding information for staff so they knew how to report any concerns they had. Staffing levels at night had increased because records indicated the levels of incidents had been higher at this time. The acting manager had started to conduct regular checks at night to make sure people received the care they needed and records were completed appropriately.

Working in partnership with others

- The provider and their management team worked with outside agencies to share information and make improvements to the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not always receive care and treatment that met their needs and preferences. The registered person did not always ensure people had an adequate choice of food and drink to meet their needs.</p> <p>Regulation 9 (1)(3)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not assessed the risk to the health, safety and welfare of people using the service.</p> <p>Regulation 12 (2)(a)(b)</p>