

# City of Bradford Metropolitan District Council

## Norman 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 ●

# Summary of findings

## Overall summary

About the service:

Norman Lodge provides accommodation and personal care for up to 35 people. Accommodation is provided in four units at ground floor level and each unit has a lounge, dining and kitchen area. Norman Lodge offers a mixture of placements which includes permanent places, rehabilitation, assessment and respite care. There were 29 people using the service when we visited.

People's experience of using this service:

People told us staff were caring, helpful, and attentive. We saw people were treated with dignity, respect and compassion. 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.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. Menus we saw showed people had a good choice of meals and we saw people enjoying their meal. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome by staff.

We found the home was clean and tidy. Refurbishment was taking place in one of the units.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

There was a complaints procedure and people and families spoken with told us they knew how to complain.

Everyone spoke highly of the registered manager and acting manager who they said were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

Rating at last inspection:

At the last inspection we found the service required improvement (report published April 2018)

#### Why we inspected:

This was a planned inspection by the CQC to find out if the service had improved. At our last inspection on 31 January and 7 February 2018, we found the service required improvement in effective, responsive and well-led domains. This was in breach of Regulation 17 good governance.

At this inspection we found improvements had been made and we now rate the service overall as good.

#### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Norman Lodge

## 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 over two days.

#### Service and service type:

Norman Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (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 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:

The inspection was unannounced. This meant the service did not know we were coming.

#### What we did:

We reviewed information we had received about the service since the last inspection in January and February 2018. We asked the service to complete a Provider Information Return, which 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 reviewed this prior to our visit.

We asked for feedback from the local authority and commissioning teams. We spoke with the registered manager, acting manager, deputy manager and five staff. We spoke with five service users and four relatives, as well as a health care professional visiting at the time of the inspection. We also reviewed 4 people's care records and other records, such as audits 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.

Using medicines safely:

- All staff were trained in the safe administration of medicines and their competency to administer medicines was regularly checked.
- When staff were responsible for administering medicines to people, we found people received their medicines as prescribed. Staff recorded the administration of medicines on a medicines administration record (MAR), so it was clear what medicines people had taken and when.
- When people needed staff to administer their medicines, details of their medicines were listed in their care plan along with confirmation of the support they needed with each medicine.

Assessing risk, safety monitoring and management:

- Staff assessed the risks involved in the delivery of care to people when they started using the service. People's care records contained a risk assessment detailing the specific risks posed to them and an environmental risk assessment detailing any risks posed to people and staff by their home environment, such as trip or fire hazards.
- We saw examples of completed risk assessments. These were sufficiently detailed, and risks had been adequately assessed and documented.

Staffing and recruitment:

- There were enough staff deployed to meet people's needs and keep people safe.
- The service was adequately staffed which ensured staff provided a person-centred approach to care delivery.
- We checked the provider's recruitment system to see if staff were employed using safe recruitment practices, to help ensure staff were suitable to work at the service. We found staff were subject to a range of checks before they were employed, and this supported the provider to make safer recruitment decisions.

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

- People told us they felt safe when receiving care at Norman Lodge. Comments included, "Yes [it's safe]. Absolutely good" and "I don't have any worries. I'm happy with the care staff."
- The provider had appropriate systems in place to safeguard people from abuse.
- The registered manager and acting manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. All staff were trained in their responsibilities in safeguarding people from abuse.

Learning lessons when things go wrong:

- The provider had systems in place to learn from any accidents or incidents to reduce the risk of them reoccurring. The registered managers analysed accident and incident records to identify any trends and

common causes.

- Where incidents had occurred, action had been taken to reduce the risk of them happening again. This included staff completing additional training and referrals being made to other organisations and/or health professionals, such as occupational therapists to assess whether people needed any additional support to remain safe.

Preventing and controlling infection:

- The provider had a policy which staff were required to follow to promote effective infection prevention and control practices.
- All staff received training in infection control. Information about infection prevention was included in people's care plans.
- People spoken with told us staff used personal protective equipment such as gloves, when delivering care.
- We observed staff supporting people wearing the appropriate protective equipment.

# 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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 Deprivation of Liberty Safeguards (DoLS).

- At our last inspection on 31 January and 7 February 2018 the interim manager told us a person had a (DoLS) in place, but there were no conditions attached to this. However, we saw there was a condition attached to the DoLS for the GP to be informed. We found the service needed better documentation in place to ensure the service could clearly evidence conditions were complied with.
- At this inspection we found improvements had been made and clear documentation was in place. Where required restrictions on people's liberty had been authorised and any conditions were being met.
- The registered manager had submitted appropriate applications to the local authority where it was considered necessary to deprive people of their liberty in accordance with the law and had systems in place to manage this.
- We looked at the care records of two people who lacked capacity. Where people lacked capacity to consent to their care and treatment the provider had ensured care was provided in their best interest and in the least restrictive way.

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

- People's needs were assessed before offering a service and a care plan was agreed with them which staff were required to follow.
- By talking to people using the service, it was clear staff were aware of the support people needed and this was delivered in accordance with their preferences. People were happy with the care they received. They commented, "Yes, it's (care) very good", "They do look after me", "I really do appreciate the things they do for me" and "Yes, they're very good. I don't know what I'd do without them."

Staff support: induction, training, skills and experience:

- People received effective care and support from competent and skilled staff who had the relevant qualification and skills to meet their needs.
- Staff were happy with the training they received and people who used Norman Lodge told us they thought



staff appeared to be well trained and knew what they were doing. Comments included, "Yes, they know what they're doing", "They are perfectly good" and "They make you feel comfortable. They are really helpful and gentle with you."

- Staff received regular supervision from their line manager which gave them the opportunity to discuss their work role, any issues of concern and their professional development.
- Staff told us they felt very well supported by their managers and they all felt able to seek support and advice when necessary.

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

- At our last inspection in January and February 2018, we found fluid charts did not show the recommended amount of fluid intake according to people's weight. At this inspection we found this has been addressed.
- People's eating and drinking needs were recorded in care plans. People's preferences were clearly recorded. We saw one care plan stated, "[The person] likes toast with a very thin layer of jam and coffee not too milky."
- People's nutrition and hydration needs were met. Staff were trained in safe food hygiene practice and people told us they were happy with the support they received with meals and drinks.
- People were asked about any special dietary requirements they had when they started using the service. If people required a special diet or had any food allergies this was recorded in their care plan so staff knew which foods should be avoided.

Staff working with other agencies to provide consistent, effective, timely care:

- Care plans contained clear information about people's health needs.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by health care professionals.
- If a person needed to go to hospital, a system was in place to ensure all the relevant information would be sent with them.

Supporting people to live healthier lives, access healthcare services and support:

- People had been seen by a range of health care professionals, including GPs and opticians.
- People had oral health assessments in place and care plans to manage dental care.

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

- The premises had enough amenities such as bathrooms and communal areas, to ensure people could receive the support they required. Specialist equipment was available when needed to deliver better care and support. Technology and equipment were used effectively to meet people's care and support needs.
- People had been supported to personalise their own rooms with items that were familiar to them.
- General redecoration and refurbishment were on-going to make sure people were provided with a good environment. At the time of the inspection one unit was closed for refurbishment.

# 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.

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

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

- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care in a homely environment.
- People told us staff were kind and caring. They felt well-treated by staff. Comments included "Oh, they are [kind]. I'm quite happy with the care at Norman Lodge", "Everybody is nice", "I can't say anything bad about them at all. They're supportive" and "Staff are very nice. All the staff are nice. I can't complain".
- A relative told us, "I am more than confident, the staff are brilliant, never fail to talk to me. Staff are approachable, I'm happy with everything."
- People looked comfortable and relaxed in the presence of staff.
- Staff we spoke with were positive about their role. They told us, "I love working here, I like the people we care for" and "I have worked here for many years. We all get on well and we are all here for the same thing, to help people."
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff had formed good relationships with people who used the service and engaged positively with people.
- Care plans were detailed and incorporated people's views. We saw a care plan stating [person] does not like their door closed.
- People said they felt listened to and included in their care.
- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them and clearly explaining what they were doing and why.
- Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- People's relatives were involved in decisions about people's care, where this was appropriate. Relatives told us the service always kept them well informed. Relatives commented, "The staff call you if there is a problem, even for the smallest thing. I find that really reassuring" and "The managers are good at keeping us up to date."

Respecting and promoting people's privacy, dignity and independence:

- People were supported in a respectful and dignified manner.
- Staff were conscious of maintaining people's dignity and gave a range of person-centred examples of how they respected people's privacy and dignity.
- Through conversations with staff they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.
- Visitors were made to feel welcome and staff clearly knew them well.
- People looked well cared for, well-dressed and their hair had been brushed or combed.

# Is the service responsive?

## Our findings

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

Good: 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:

- At our last inspection on 31 January and 7 February 2018 we found care plans were not always up to date or reflected people's current care and support needs.
- At this inspection we found improvements had been made. Care plans were up to date with all the relevant information.
- People's needs were assessed prior to offering a service and the information used to formulate detailed plans of care. Care plans were reviewed regularly and there was evidence of recent changes to reflect changes.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were assessed. Where people needed support with communication, this was recorded in their care plan, so staff knew how to communicate effectively with them.
- The service employed an activities co-ordinator. The activities co-ordinator put a tick beside the activities held on the day, dependent on people's preferences. We saw activities such as quizzes, baking, exercise to music, sing songs and bingo were offered. Staff also told us a non-denominational church service was held each month.

Improving care quality in response to complaints or concerns:

- A clear complaints procedure was in place. This was discussed with people and relatives when they started using the service.
- People told us that they knew how to complain and would feel comfortable talking to the staff or the manager if they had any concerns. One relative said, "I have raised a few minor issues and they have all been resolved on the same day."
- Complaints were audited and analysed to look for any trends. We saw a low number of complaints had been received about the service and when complaints had been made, action had been taken to investigate and reduce the likelihood of a re-occurrence.
- A significant number of compliments had also been received, and these were logged so the service knew where it had exceeded expectations.

End of life care and support:

- The service was not currently supporting anybody who was requiring end of life support.
- Information about discussions held with people or their family about their end of life wishes was held in their care plan.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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:

- At our last inspection in January and February 2018 we found some of the quality audits were not effective in picking up and addressing issues. The service was found to be in breach of Regulation 17 - Good Governance. At this inspection we found improvements had been made to ensure people received a consistently good service.
- We found the quality assurance systems which were currently in place to monitor the service had been effective in identifying areas for improvement and addressed good governance concerns. This included accurate recording, up-to-date reviews of people's care plans, ensuring conditions attached to Deprivation of Liberties (DoLS) were adhered to and making sure people's dietary needs were met, such as ensuring the recommended amount of fluid for people were provided.
- There was a registered manager in post who provided leadership and support. We found the management team open and committed to making a genuine difference to the lives of people living at the service.

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

- The registered manager was clear about their roles and responsibilities and had a very good knowledge of the service.
- There was an open and honest culture in the home. People and their relatives were complimentary about the registered manager and acting manager. One relative said, "(Acting manager) is always around, they are easy to talk to and always listens."
- People who used the service received good quality person centred care.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.

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

- Meetings were held to discuss what people wanted from the service and these were responded to.
- Staff meetings were held which staff told us they found useful. Staff met with their supervisor on a one-to-one basis to discuss any concerns and/or receive any updates. Staff were also consulted during handovers between shifts.
- People, relatives and professionals had completed surveys of their views about the service. People's feedback had been used to continuously improve the service.
- The management made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care:

- The management team understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The management team demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.
- Providers are required by law to notify us of certain events in the service and records showed we had received all the required notifications in a timely manner.