

Poole Beresford Limited

Norton House Trading as Poole Beresford Ltd

Inspection report

Norton Street
Elland
HX5 0LU
Tel: 01422 379072
Website: None

Date of inspection visit: 25 November 2015
Date of publication: 04/02/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

We inspected Norton House on 25 November 2015 and the visit was unannounced.

Our last inspection took place on 12 September 2013 and, at that time, we found the regulations we looked at were being met.

Norton House is registered to provide accommodation and personal care for up to 22 older people, nursing care is not provided. The accommodation is arranged over two floors with the lounge, dining room and conservatory on the ground floor. There are bedrooms on both floors.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at Norton House and staff told us they would report any concerns to the registered manager or deputy manager. The registered manager and deputy manager understood how to report any suspicions of abuse in order to make sure people were safe at the home.

We found the home was clean and odour free. The home was generally well maintained and bedrooms had been personalised and communal areas were comfortably furnished.

Recruitment processes were robust and thorough checks were always completed before staff started work to make sure they were safe and suitable to work in the care sector. Staff told us they felt supported by the registered manager and that training was on offer. However, we found some training was not up to date.

There were enough staff on duty to make sure people's care needs were met, people told us they liked the staff

and found them kind and caring. On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service.

We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met. Safe systems were in place to manage medicines so people received their medicines at the right times.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People told us their visitors were made to feel welcome and if they needed to complain they would speak to the registered manager.

We saw there were some quality assurance checks in place, however, the providers checks were not robust and were not picking up issues we have identified in this report. Equally there were no 'best practice' or developmental issues being identified as part of these visits.

We found one breach of regulations and you can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The home was clean and comfortable.

There were enough staff to care for people and to keep them safe.

Medicines were managed safely which meant people received their medicines when they needed them.

Good



Is the service effective?

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

The menus we saw offered variety and choice, however, people were not always made aware they could have a cooked breakfast.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met. People were supported to access health care services to meet their individual needs.

Good



Is the service caring?

The service was caring.

People using the services told us they liked the staff and found them patient and kind. We saw staff treating people in a dignified and compassionate way.

People's privacy and dignity was respected and maintained.

Good



Is the service responsive?

The service was responsive.

People's care records provided up to date information which showed the support and care each individual required.

There were some activities on offer to keep people occupied.

People knew how to make a complaint and the complaints procedure was displayed in the home.

Good



Is the service well-led?

The service was not consistently well led.

There was a registered manager who provided leadership and direction to the staff team.

Quality assurance systems were in place but these needed to improve to ensure they were effective in driving forward improvements.

Requires improvement



Norton House Trading as Poole Beresford Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 November 2015 and was unannounced.

The inspection team consisted of one inspector.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service

who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included two people's care records, three staff recruitment records and records relating to the management of the service.

On the day of our inspection we spoke with six people who lived at Norton House, three visitors, five care workers, the cook, the deputy manager, the registered manager, hairdresser and a district nurse.

Prior to the inspection we received a completed 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 reviewed all the information we held about the provider.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Norton House. One person said, “I feel safe, it’s quite alright here. A visitor told us, “I feel (name) is in safe hands here.”

We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both staff were able to tell us about different types of abuse and said they would tell the registered manager or deputy manager. When we gave a scenario of a person being shouted and sworn at by another person, one of the members of staff we spoke with did not immediately recognise this as a safeguarding issue but said they would report any such incidents to the registered manager.

We looked at the training matrix and saw staff training in relation to safeguarding was up to date. We spoke with the registered manager and deputy manager who demonstrated a clear understanding of safeguarding procedures.

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form and detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. This meant checks were being made to make sure staff were suitable and safe to work with the people living at Norton House.

We saw disciplinary processes had been instigated where poor practice had been identified to help keep people safe.

We asked people using the service if they thought there were enough staff to care for them. One person told us, “If I need a member of staff I just ring the bell and they come.” A visitor said, “There are always staff around when we visit.” We asked two members of staff if they thought the staffing numbers at the home were sufficient to meet people’s needs. Both said they did and said they had never had any concerns about staffing levels.

We discussed staffing levels with the registered manager and they told us that the required number and skill mix of staff was determined by the needs of the people living in

the home. They told us staffing numbers would be increased if people’s needs changed or if more people moved into the service. Other staff confirmed this was usual practice.

Our inspection took place during the day and the staffing in place matched that documented within the staffing rotas. The registered manager and care staff were supported by a housekeeper and a chef.

We saw that staff were available throughout our visit and people’s needs were attended to promptly. People told us that staff responded quickly when they required assistance. This meant there were enough staff on duty to meet people’s needs.

People we spoke with and visitors all told us the home was kept clean and tidy. When we looked around the building we saw there were cleaning schedules in each bedroom to ensure staff checked them every day. We saw at the time of our visit the housekeeper was only working three shifts per week. The registered manager told us staffing levels would be reviewed when more people moved into the home.

We saw the food standards agency had inspected the kitchen in April 2015 and had awarded them 5* for hygiene. This is the highest award that can be made. This meant food was being prepared and stored safely.

We found the building was generally well maintained. We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire and electrical systems. A system was in place for staff to report any faults to ensure they were promptly repaired. One relative told us they felt some areas of the home could do with a coat of paint and a general spruce up.

Procedures were in place to act in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people using the service.

We found medicines were stored safely and only administered by staff who had been appropriately trained. Medication administration records were up to date with no gaps in recording, we noted medicines were recorded when received and when administered or refused. This gave a clear audit trail for us to see. We checked a random sample of stock balances for medicines and these corresponded with the records maintained. We observed

Is the service safe?

people were given their medicines in a caring way and those who required more encouragement and support received it. This demonstrated people were receiving their medicines in line with their doctors' instructions.

We discussed with the deputy manager about including a protocol for 'as required' (PRN) medicines. They recognised this as something that would be useful and said they would introduce this.

We saw there was an up to date British National Formulary (BNF) for staff to refer to for information about medicines.

Is the service effective?

Our findings

We asked people who lived at the home if they thought the staff had received the training they needed to do their jobs. One person said, "Oh yes I think so." A relative told us, "I have confidence in the staff here and feel they have the skills to meet (name's) needs."

We spoke with a newer member of staff who told us they had received induction training and had been working with a more experienced member of staff so they could learn the practical elements of delivering personal care and support. They told us staff had been welcoming and very helpful.

We spoke with other staff who told us training was on offer and most of this was completed on the computer. They told us the registered manager checked to make sure training had been completed. However, when we looked at the training matrix we saw not everyone was up to date with their training. The registered manager told us all staff had been told to make sure their training was up to date by the end of December 2015.

We asked staff if they felt supported in their role. They told us the registered manager and deputy manager were very approachable and easy to talk to. They also confirmed they received formal supervision where they could discuss their training needs, and any other issues they wished to raise. Staff told us they worked well as a team and supported each other. This meant systems were in place to support and develop individual staff members skills.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We spoke with the registered manager there was no one using the service who had a DoLS in place.

We saw in one of the care files we looked at the issue of gaining consent was addressed in each individual care plan. For example, one reminded staff to gain consent before assisting with personal care. We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. This showed us staff were making sure people were in agreement before any care was delivered.

In another care file we saw from the assessment the person was not always able to consent to care and support being delivered and the 'best interest' decisions made for them had been documented. This showed staff understood how to support people to make decisions within the legal framework.

People told us meals at the home were good. One person said, "The food here is very good and there is a choice." Another person told us, "I am very faddy about my food and don't always like what is on the menu." We spoke with the registered manager about this and they told us this person had two main preferences for their main meal and these were always available. Mid-morning saw the cook asking people what they wanted for lunch. Later in the day we heard them asking people what they wanted for their Christmas lunch.

At breakfast time we saw the majority of people had cereal or porridge followed by toast. One person told us they had a boiled egg every morning. No one was offered a cooked breakfast and this option was not on the menu that was on display. We asked the cook about this and they told us if people asked for something cooked they would make it. This meant some people may not have been aware having a cooked breakfast was an option.

Mid-morning we saw people were offered hot drinks and cake and from looking at the records we saw when people got up during the night they were given drinks and snacks if they wanted them. For example, "(Name) came to the lounge at 12:00am for tea and biscuits and went back to bed at 1:30am."

At lunchtime we saw the tables were set with placemats, crockery, cutlery and condiments and sauces were available. Some people ate in the dining room and others in the privacy of their own room. Hot and cold drinks were

Is the service effective?

served and people were offered second helpings. People on one table were discussing what they had ordered for their Christmas meal and the home made sponge pudding, which they had enjoyed.

We asked people using the service what happened if they did not feel well. One person told us, "They (staff) contact the doctor and my dentist is only around the corner. The chiropodist comes here and the nurse comes to check me." A visitor told us, "When my relative first came here I asked them to get the GP, this was done straight away. Staff also spotted my relative had a urinary tract infection and got them antibiotics." In the two care plans we looked at we

saw people had been seen by a range of health care professionals, including, community matrons, GPs, district nurses, opticians, dentists and podiatrists. We spoke with one of the district nurses who was visiting they told us, "The home has a good reputation. They will telephone for advice and follow any instructions we give them. The palliative care they give is very good." The registered manager told us they had built up good relationships with GP's and district nurses who supported them to provide good end of life care. This showed us people's health care needs were being met.

Is the service caring?

Our findings

People using the service told us, “The staff are very good. I find them very kind and helpful. They are very patient with the other people living here too.” Another person said, “The girls (staff) will do anything for you.” A relative told us, “The care here is very good.” The district nurse said, “The staff are really good.”

One visitor told us, “When my relative first came in I was asked about their interests, likes and dislikes and taste in music. Staff know my relative.” We looked at the care files for two people who used the service. They both contained life histories and information about people’s likes and dislikes and personal preferences. Staff we spoke with knew people well and understood how they liked to be cared for.

A visitor told us their relative always looked well-groomed and well presented. The hairdresser also confirmed this was their experience too. We saw that people looked well cared for, clean and well groomed. We saw people wearing matching clothing and wearing clean spectacles.

We asked people if staff treated them with dignity and respect. One person told us, “They always knock on the door and are mindful of my dignity.” A relative told us, “Staff always treat people with dignity.”

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. We saw staff were kind, caring and compassionate.

We saw that people's bedrooms were neat and tidy and that personal effects such as photographs and ornaments were on display and had been looked after. This showed staff respected people’s personal possessions.

We spoke to a visitor whose two relatives had moved into Norton House on the day of their visit. They told us when they had initially looked around they had found staff helpful and friendly and liked the atmosphere in the home. This was part of the reason why they had chosen it for their relatives.

One person told us they had a lot of visitors and said staff always made them feel welcome and offered them a drink and biscuits.

Is the service responsive?

Our findings

We spoke with one visitor who told us they had visited the home, unannounced, because they were looking for a place for their relative. They told us the registered manager went to see their relative in hospital to assess them before a place was offered. They went on to explain how much their relative's well-being had improved since being at Norton House because they were getting the right care and support, had a routine and felt safe.

We looked at two care files and saw people had been assessed before they moved in to make sure staff could meet people's care needs.

We found the two care files we looked at were easy to navigate and followed a standardised format. Both of the files contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking and continence. The risk assessments had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk. For example, one person was at high risk of developing pressure damage, the care plan had details about the setting the specialist mattress needed to be on and the frequency the person needed to be repositioned. We looked at the records and saw staff had been consistently repositioning this person every two hours.

We also saw in one care file one person had not been taking all of their morning medicines. Staff had involved the GP and got some of the medicines moved to different times so the individual did not feel so overwhelmed with the amount of medicines. This showed staff were thoughtful and looked at the best way to reduce the risk of the person not taking their medicine.

We saw care plans were reviewed on a monthly basis to check if any change was needed to be made to the way people's care and support was being delivered.

We asked people if there were activities on offer for them. One person told us, "They put film shows on, but I don't bother. I like to watch television in my bedroom or read." Another person said "There is bingo sometimes." A visitor told us, "My relative loves Wednesdays when the hairdresser comes in and they have singers in sometimes." We saw a two week programme of activities on display in the hallway, however, when we spoke with staff they told us these did not always happen. They told us people liked quizzes but sometimes found it difficult to engage people in a given activity. When we looked at the daily records there was very little recorded about what activity people had been involved in other than if they had received visitors. We saw from the staff meeting minutes this had been discussed at the last staff meeting in November 2015.

We saw information about how to make a complaint was on display in the entrance hall and in the service user guide. We asked people if they were unhappy about anything who would they tell. One person said, "I'd tell (name, the registered manager) and they would sort it out." A visitor told us they had raised a concern about their relative not having a petticoat on, once when they visited. They told us this had been dealt with straight away and had not happened again.

We saw there was a complaints log in place no complaints had been recorded. The registered manager told us low level concerns were not recorded as they would just sort things out straight away. There was a procedure in place, should a complaint be received, to respond to the complainant with the action taken to resolve any issues and the overall outcome.

Is the service well-led?

Our findings

We asked people using the service, relatives and staff if the service was well-led. One person said, “(Name is a good manager).” A relative told us, “The manager is very helpful.” A member of staff said, “(Name) is very fair.”

We asked to see the reports from the provider in relation to the visits they made every month. We found the reports contained very little information and consisted mostly of a checklist. We saw in September they had put a ‘tick’ to acknowledge they had reviewed the fire safety folder. No action had been given as a result of this review. However, when we reviewed the file we could not find a fire safety risk assessment. We asked the registered manager about this and they produced some out of date documentation from 2012.

We found the fire risk assessment was out of date the registered manager told us they would employ someone with the necessary skills to up-date this risk assessment. However, these issues had not been picked up by the provider as part of their audit.

We looked at the policy and procedure file and saw the majority of policies dated back to 2010. The registered manager told us this was when they were first created, but assured us they had been reviewed. They also told us if there were any changes in legislation the policy would be replaced.

We found not all of the staff training was up to date. Again this had not been picked up by the provider.

We saw there was no provider’s report for October 2015. This meant the provider was not conducting thorough audits, identifying areas for improvement and agreeing an action plan with the registered manager.

There was no evidence to show the provider looked at ways the registered manager could develop the service based on current ‘best practice.’ This meant there could be missed opportunities to keep up to date with current thinking.

We saw the registered manager was completing a number of audits to check on the quality of the service, however, there were no action plans being produced from these to show how the shortfalls were going to be rectified. For example, they had identified there were numerous ‘splits’ in the corridor carpet and that it needed to be replaced. However, there was no refurbishment plan to show when they intended to do this.

The registered manager told us because they had reduced numbers of people living at the home they had to prioritise work that needed to be completed in the building. For example, replacing one of the boilers had become a priority over replacing the carpet.

We wanted to know how people using the service were consulted about the way the home was managed. The registered manager told us the menus had recently been re-written following consultation with people to incorporate their preferences. On the day of our visit two people were telling the cook how much they liked ‘bubble and squeak.’ The cook told them they would make it the next day.

We asked for any satisfaction surveys which had been completed by people using the service, relatives and visiting professionals. The registered manager told us these were due to be sent out in December 2015.

We asked to see the residents meeting minutes. The last meeting that had been documented was in December 2014. The registered manager told us they saw people on a daily basis and responded to any individual requests, however, there was no documentary evidence of this. This showed there were some informal systems in place to consult with people but no robust systems were in place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided Regulation 17 (1) (2) (a)