

# Roseberry Care Centres (Yorkshire) Limited

## Norbury Court

### Inspection report

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Date of inspection visit:  
14 June 2017

Date of publication:  
02 August 2017

### 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

Norbury Court is a nursing service that provides care for up to 60 people. It is a purpose built care service. At the time of our inspection 56 people were living at the service. The service has three floors; the ground floor is primarily used for people living with dementia who do not require nursing care. The service has five lounges, five dining rooms, a library room, a music room, a hairdressing room, an activities/games room and two enclosed garden areas.

The registered manager had been registered with the Care Quality Commission in May 2017. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People told us they felt 'safe'. There was evidence of involvement from other health care professionals where required, and staff made referrals to ensure people's health needs were met.

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

All the relatives we spoke with made positive comments about the care their family member had received and about the staff working at the service. Some of the relatives we spoke with told us they would recommend the service.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

The recruitment systems were designed to make sure new staff were only employed if they were suitable to work at the service.

Staff received induction and refresher training to maintain and update their skills. Staff were supported to deliver care and treatment safely and to an appropriate standard.

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.

A varied diet was provided, which took into account people's dietary and cultural needs and preferences. This meant people's health was promoted and choices could be respected.

The registered provider had appointed an additional activities co-ordinator to increase the level of the activities available at the service. They were due to start working at the service in the near future.

People living at the service, and their relatives said they would speak with staff if they had any worries or concerns and felt they would be listened to.

Relatives we spoke with made positive comments about the way the service was managed.

There were effective systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Norbury Court

## 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 14 June 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting. The inspection team consisted of one adult social care inspector, a specialist advisor and two experts by experience. The specialist advisor was a registered nurse who was experienced in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the provider 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 used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with eight people living at the service, fourteen relatives, the registered manager, the deputy manager, the unit manager, five care staff, an administrator and the head cook. We looked round different areas of the service; the communal areas, the kitchen, bathroom, toilets and with their permission where able, some people's bedrooms. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training

records and quality assurance audits and reports.

# Is the service safe?

## Our findings

People we spoke with told us they felt "safe" and had no worries or concerns. Relatives we spoke with felt their family member lived in a safe place. Their comments included, "I haven't seen anything, they are all fabulous [staff]" and "One [person] swears at the staff, but they don't swear back or anything. They handle it well." Relatives and people we spoke with told us they would speak with staff if they had any concerns.

We looked at people's individual risk assessments. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. In some people's risk assessments we saw there was clear guidance in place to follow to minimise the risk. In others we saw some of the guidance in place for staff to follow would benefit from being more detailed. In one person's records we saw the action taken by staff to minimise the person's risk of falling from a chair had not always been recorded. We shared this feedback with the registered manager, they told us the relevant care plans would be reviewed following the inspection and updated.

Our observations during the inspection told us that people's needs were being met in a timely manner and we did not note any lengthy wait for a call bell to be responded to. We received mixed views regarding the staffing levels at the service. The majority of the people living at the service and their relatives spoken with did not raise any concerns regarding the staffing levels at the service. One relative said, "There always seem to be plenty [staff] knocking about." A few people living at the service and their relatives felt the service would benefit from additional member of staff being on duty so they had more opportunity to have a conversation. One relative said, "It can be difficult to find one [staff] when you need to, so no not enough."

Most of the staff spoken with did not raise any concerns regarding the staffing levels at the service. Some of the staff spoken with felt an additional pair of hands at night for the residential unit would be helpful. We spoke with the registered manager about this. They told us they reviewed the staffing levels within the service on a regular basis and in response to people's change in needs to ensure people were appropriately supported and safe. Staffing levels at the service were also regularly reviewed by the registered provider.

We found appropriate arrangements were in place for handling medicines. We checked to see if medicines were stored appropriately. The registered manager told us that all medicines including the services medicines trolleys were now stored in the treatment room on the ground floor. This was to ensure medicines were stored at the right temperature. The registered manager told us the air conditioning unit in the room was set so the room temperature remained within safe limits and this was checked regularly by staff. We found no concerns relating to the temperature of the room on the day of the inspection. However, we saw that a record of these daily temperature checks had not been recorded by staff. We spoke with the deputy manager and they took immediate action to address this.

We examined a sample of people's medication administration for each unit. We saw the medication administration records (MAR) were completed and contained no gaps in signatures for the administration of medicines. We saw there was a robust system in place to ensure people received time sensitive medication at the right time. We also saw there was guidance in place to help staff decide when to administer

medicines prescribed 'when required'. We looked at the controlled drugs records and found them to be in good order.

We saw the system in place for staff to regularly check people's transdermal patches (medicated pain relief patch) were still in place would benefit from being more robust. We shared this feedback with the deputy manager and the registered manager; they assured us that the system in place would be made more robust.

During the inspection we saw a jug of pre thickened drink in one of the lounge areas. A prescribed thickening powder is added to drinks and other fluids to help prevent a person choking and reduces the risk of aspiration which causes chest infections and pneumonia. Dependent on the type of thickener used and the temperature it is stored at, the consistency of the drink may continue to thicken so it is no longer suitable for the person to drink. We spoke with the registered manager about this and they removed the jug. The registered manager spoke with the deputy manager to make sure this was not repeated.

We found there were robust recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people who due to their circumstances may be vulnerable. We noticed the information obtained for two staff member's previous employment would benefit from being more detailed. We shared this information with the registered manager so appropriate action could be taken.

The service had a process in place to respond to and record safeguarding concerns. Staff had undertaken training in safeguarding vulnerable adults from abuse, so they were aware of their responsibility to protect people from harm or abuse.

The registered provider had satisfactory arrangements in place for people who had monies managed by the service. We saw that a financial audit had been undertaken by the registered provider in March 2017 and found to be in good order. These checks help to keep people safe from financial abuse.

During the inspection we noticed that two people's replacement airflow mattresses were very high against their bedrails. We spoke with the registered manager, they assured us that action would be taken to put a bed rail extension in place to heighten the level of the rail and minimise the person's risk of falling out of bed. The registered manager told us that some people's mattresses had been replaced as the result of a mattress audit. They told us a check would be completed for all those people who had bed rails in place.

We saw evidence that other regular checks were undertaken of the premises and equipment. For example, staff call system checks and visual wheelchair checks.

We saw that regular Health and Safety meetings were held at the service. The registered provider completed regular health and safety audits at the service. These checks help to identify any action that needed to be taken to help keep people safe.

We saw a fire risk assessment had been completed at the service in June 2017. We saw that people's care plans contained a personal emergency evacuation plan and that fire drills were undertaken at the service.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risks to people and helps the service to continually improve.

# Is the service effective?

## Our findings

Most of the people living at the service were satisfied with the quality of care they had received. One person told us they were dissatisfied, the registered manager told us the person was being supported to move to a service nearer to family and friends. People's comments included, "It's great living here," "I like it in here," "They [staff] do everything for you" and "Yes, they [staff] have been looking after me." People also told us they had contact with healthcare professionals as needed to maintain their health.

Relatives we spoke with were satisfied with the quality of care provided to their family member. Their comments included, "The care is first class, the way they [staff] treat them and respect them," "Problems with my relative's medication have actually reduced since they moved to the home," "We looked at a number of care homes many of them closer to home, but when a space became available at this home, we grabbed the chance and haven't been let down at all," "Yes, I am happy and satisfied," "I am happy, I can't find any faults," "Extremely happy" and "Extremely, [family member] has come on in leaps and bounds health wise." Most of the relatives we spoke with told us they would recommend the service.

In people's records we found evidence of involvement from other professionals such as doctors, optician, dentist, tissue viability nurses and speech and language practitioners. We saw that one person's records did not reflect the care that was being provided in relation to their special dietary requirements. We spoke with the registered manager about this so appropriate action could be taken. During the inspection we noticed on one unit that staff did not have access to some people's daily notes to enable them to update them at the same time as providing the care. We spoke with the registered manager about this and they assured us this was not normal practice at the service.

We found people living at the service were supported to maintain a balanced diet to support their health. Most people we spoke with made positive comments about the quality of the food at the service. Their comments included, "The food is absolutely fabulous, plenty of it, too much really," "The food is lovely, the portions are good, it's well cooked," "I like the food and get enough to eat" and "There are snacks and drinks all day." One person we spoke with was dissatisfied with the quality of the food and didn't like the way it was cooked. Some of the relatives we spoke with also made positive comments about the food. Their comments included, "I have not actually seen the meals, but my relative has told me they are very nice" and "Lots of tea and biscuits, great."

People could choose to eat their meals in the dining room or in their bedroom. We observed the arrangements in place at mealtimes in two of the dining rooms. We saw there was a relaxed environment whilst staff were serving lunch. Staff were aware of the people who needed a specialised diet and/or soft diet. People were offered a choice of food they would like to eat. This showed people's preferences and dietary needs were being met. We saw staff actively encouraging people to eat their meal and provided support to those who needed it.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had a robust monitoring system in place to monitor DoLS applications, approvals and reviews.

All the staff we spoke with told us they felt supported to deliver care to an appropriate standard. We saw there was a robust system in place to ensure staff received induction and refresher training to maintain and update their skills.

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

# Is the service caring?

## Our findings

There was a welcoming and friendly atmosphere at the service. We saw there was a range of information available for people living at the service, visitors and relatives to look at in the reception area including: Alzheimer's, Age UK and questions about dementia.

We saw relatives and visitors were welcomed in a caring and friendly manner by staff. One relative we spoke with described how welcoming the administrative staff were in the reception area. Staff spoken with told us they enjoyed working at the service. One staff member spoken with said, "We are one big happy family." We observed staff had a good rapport with the people they were supporting and people appeared comfortable and happy to be with staff.

We saw that some people had personalised their bedrooms according to their individual choice. Most of the people spoken with told us the staff were very caring and they were treated with dignity and respect. One person told us they were not happy living at the service, they were being supported to move to a service nearer to their family and friends. People's comments included, "They are right wonderful people [staff]," "Staff make us feel really comfortable," "They [staff] talk properly to me and treat me with respect" and "They [staff] treat me right, if they didn't I would tell them." This showed people were treated with care and respectfully.

During the inspection we observed staff explaining their actions to people and gaining consent. We saw staff knocking on doors and calling out before they entered people's bedrooms. Relatives we spoke with described how staff maintained people's privacy and dignity. Their comments included, "They [staff] knock on their door before coming in and close it if they need to" and "They [staff] close the door and curtains and ask visitors to leave before changing [family member]." This showed people's privacy was maintained.

All the relatives we spoke with made positive comments about the staff and described how helpful and caring they were. Their comments included, "They [staff] are attentive to [family member], the nicest of people," "Without doubt, they [staff] are friendly, approachable, helpful staff," "[Unit manager] is fantastic and is not paid enough," "They are kind and caring, brilliant, they can't do enough for [family member]" and "Really good people [staff]." One relative described how staff not only cared for their family member, but also cared for the whole family.

We spoke with the registered manager, they told us there were end of life care arrangements in place to ensure people had a comfortable and dignified death. Some of the relatives we spoke with described how they had been fully engaged in their family member's end of life care plan.

## Is the service responsive?

### Our findings

People we spoke with told us they received care and treatment from external healthcare professionals when required. We found there was a record of the relatives and representatives who had been involved in the planning of people's care. Some of the relatives we spoke with described how they had been encouraged by the registered manager and the unit manager to make their views known in relation to their family member's care plan. Relatives described how staff kept them informed about their family member's wellbeing. Their comments included, "I regularly speak with staff about the care of my relative" and "I am pleased to say that we are fully informed of any changes to [family member]'s medication." We found that people's care plans were regularly reviewed.

Some of the relatives described how well staff responded to their calls for assistance. Their comments included, "Staff have responded very well when my [family member] has needed assistance," "A few weeks ago I had to call for assistance for my [family member] and it was pleasing to see that matters were attended to within minutes" and "Staff will do anything they can to help; I take my [family member] home every Sunday for a few hours and they always have [family member] clean, dressed and ready to be picked up."

The service had held some events including, making an Easter bonnet and celebrating St Patrick's Day. The service held an annual summer fair and musical entertainers visited the service. The registered manager described some of the celebrations that had been held for individual people living at the service. This had included one person's 100th birthday party and another person's diamond wedding anniversary party.

We saw there were details of the daily activities displayed in different parts of the service. However, on the day of the inspection the service's activities co-ordinator was not working. The registered manager told us one of the service's activities co-ordinator had reduced the number of hours they worked, so a new activities co-ordinator had been recruited. The registered manager told us the new activities co-ordinator was due to start working at the service in the near future and had experience of organising activities for people living with dementia. The registered manager also told us another activities co-ordinator work was due to return to work, so there would be a total of three activities co-ordinators working at the service.

The complaints process was displayed in the reception area. One relative said, "I know how to complain, there is information on the noticeboard as you enter the home." Complaints were recorded and dealt with in line with organisational policy. We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns.

## Is the service well-led?

### Our findings

The registered manager had recently returned to work after a long absence. Some of the relatives we spoke with knew who the registered manager was and described them as friendly and approachable. One relative commented, "I do know and talk to him, he is very approachable, and we are on first name terms." Some relatives we spoke with were still getting to know the registered manager.

Staff we spoke with made very positive comments about the registered manager and told us they were very supportive. Their comments included, "[Registered manager] is absolutely brilliant" and "[Registered manager] is very supportive, very helpful, a good listener and asks you how you feel."

Relatives we spoke with made positive comments about the senior managers working at the service and felt the service was well managed. Some of the relatives we spoke with told us they would recommend the service to others. Their comments included, "I would 100% definitely recommend the service" and "I would recommend the service, they [people] are well cared for and well looked after."

The service held relatives and residents meetings. We saw that a range of topics were discussed at these meetings. For example, the menu, the garden, the employee of the month, activities and the plan to name each unit after a flower. We saw the registered provider had sent out a visitors and relatives survey at the end of 2016. The results from this were displayed in the reception area of the service. We saw details of the action taken as a result of the survey had been included. This showed the registered provider had actively sought the views of people's representative to make improvements to the service.

There were planned and regular checks completed by the registered manager and senior staff within the service to assess and improve the quality of the service provided. For example, medication checks and infection control checks. The registered manager reported key performance information to the registered provider on a monthly basis. For example, the number of falls and infections. We also saw evidence that one of the registered provider's senior managers visited the service on a regular basis to carry out checks at the service. This check included speaking with people living at the service, visiting relatives and staff. This showed the registered provider regularly assessed and monitored the quality of service provision.

There was a process in place to ensure incidents were monitored to identify any trends and prevent recurrences where possible. The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.