

# Orchard Care Homes.com (5) Limited

## Norton Lees 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

This inspection took place on 24 January 2017. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The service was last inspected on 27 October 2015; we found the provider in breach of the following regulations, Regulation 9, Person centred care and Regulation 18 Staffing. The registered provider was asked to send us a report saying what action they would take to achieve compliance. We carried out this inspection to check whether the registered provider had completed these action and sufficient improvements had been made. We found that sufficient improvements had been made to achieve compliance.

Norton Lees Lodge is a residential service that provides care for up to 40 people. At the time of our inspection 38 people were living at the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

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

People we spoke with told us they felt "safe" and had no worries or concerns. Relatives we spoke with felt their family member was in a safe place.

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

We did not receive any concerns from relatives or people living at the service regarding the staffing levels at the service. Our observations during the inspection told us people's needs were being met in a timely manner by staff.

All the people we spoke with made positive comments about the quality of care they had received.

All the relatives we spoke with were very satisfied with the quality of care their family member had received.

People had individual risk assessments in place so that staff could identify and manage any risks appropriately. Care plans were detailed; they were reviewed regularly and changed to reflect current needs.

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

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. People told us they would like more activities and more opportunities to go on trips. We shared this feedback with the area manager and registered manager. The area manager told us the provider had recently purchased a mini bus for their services in Sheffield to share, so there would be more opportunities for people to go out.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

Staff had received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.

People's nutritional needs were monitored and actions taken where required. People made positive comments about the food. Preferences and dietary needs were being met.

There was a complaints procedure available to people and their relatives. Relatives we spoke with told us they would speak with the registered manager if they had any complaints or concerns. They told us they felt confident the registered manager would listen and take appropriate action to address their concerns.

People and relatives we spoke with made very positive comments about the staff working at the service.

We saw that people responded well to staff and they looked at ease and were confident with staff. Staff were respectful and treated people in a caring and supportive way.

Resident and relatives meetings and surveys took place so people had opportunities to feedback about the service and suggest improvements.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified.

There were quality assurance systems in place to monitor the quality and the safety of the service provided.

## 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

People told us they felt safe.

Medicines were managed safely at the service.

Safeguarding procedures were robust and staff understood how to safeguard people they supported.

People had individual risk assessments in place so that staff could identify and manage any risks appropriately.

### Is the service effective?

Good ●

The service was effective.

Relatives made positive comments about the care their family member had received.

Care staff spoken with were able to tell us how they supported people who may have behaviour that could challenge others.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively. We saw staff received appropriate support to enable them to carry out their duties

### Is the service caring?

Good ●

The service was caring.

People made positive comments about the staff and told us they were treated with dignity and respect.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes and their personal care needs.

When speaking with staff it was clear that they genuinely cared for the people they supported.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed; they were reviewed regularly and changed to reflect current needs.

Peoples told us they received care and treatment from external healthcare professionals when required.

Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively.

### Is the service well-led?

Good ●

The service was well led.

People knew who the registered manager was and knew they could ask to speak with them if they had any concerns.

We saw checks were completed by senior staff within the service to check the quality of the service provided.

There were planned and regular checks completed by the area manager to assess and improve the quality of the service provided.

# Norton Lees Lodge

## 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 24 January 2017. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team was made up of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with seven people living at the service, eight relatives, the registered manager, the area manager, the deputy manager, the activities coordinator, three care staff and a domestic. We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission where able, some people's rooms. We reviewed a range of records including the following: three people's care records, six people's medication administration records, three staff recruitment files, three staff training and supervision files and records relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection on 27 October 2017, we found the registered provider had not ensured that a sufficient number of staff were deployed to meet people's needs in a timely manner. These findings evidenced a breach of Regulation 18 Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvements had been made to achieve compliance.

Relatives and people we spoke with did not have any concerns regarding the staffing levels at the service. Our observations during the inspection told us people's needs were being met in a timely manner by staff.

The registered manager told us a dependency audit was completed each month at the service and sent to the provider's head office. The audit was used to calculate the number of staff the service needed to ensure people received appropriate support. The last audit had been completed on the 23 January 2017.

People told us they felt 'safe' and did not have any concerns or worries. Their comments included: "I feel so safe here, there nothing to worry about," "This is home from home for me, the staff make sure we are safe and well" and "The staff are grand, they make sure we are all safe." Relatives we spoke with felt their family member was in a safe place. Their comments included: "We can leave our mum here knowing she is in such good hands, feeling safe is so important" and "Having mum here means we can all rest in the knowledge that she is safe."

People had individual risk assessments in place so that staff could identify and manage any risks appropriately. 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.

People told us they received their medication when they needed it. One person commented: "If my head and neck are hurting in the night, I can have some extra tablets." Since the last inspection the provider had introduced an electronic medication administration record system. The senior care staff were in charge of administering medicines at the service. We saw medication was handled safely and stored safely. We saw there were robust arrangements in place to ensure people received medicines at the right time. There was information to help staff decide when to administer medicines prescribed 'when required'. We did not find any concerns in regards to the management of controlled drugs.

We reviewed three staff members' recruitment records. We saw that a range of records were retained for staff which included the following: application, references, employment contract and Disclosure and Barring Service (DBS) check information. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This showed that people were cared for by staff who had been assessed as safe to work with people.

We spoke with the area manager as we noticed the provider's recruitment policy and procedure did not clearly list all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Schedule 3 tells providers what information needs to be obtained prior to a

candidate being employed. The area manager assured us that the provider's policy would be reviewed so there was clear guidance in place for managers to follow.

Staff received training in safeguarding. It was clear from discussions with staff that they were aware of how to raise any safeguarding issues and they were confident the senior staff in the service would listen. One staff member commented: "I feel really confident about adult protection and safeguarding."

We found there were satisfactory arrangements in place for people who had monies managed by the service.

The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored to identify any trends and prevent recurrences where possible. The provider's area manager also reviewed these records to ensure appropriate action had been taken.

A fire evacuation strategy had been completed at the service in December 2015 and an annual review had been completed in 2016. This showed that there were systems in place to ensure the premises were safe for their intended purpose. Each person living at the service had a personal emergency evacuation plan in place.

During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal corridors. We noticed the air quality on the ground floor could be improved by staff regularly opening windows to improve ventilation. We shared this feedback with the registered manager.



## Is the service effective?

### Our findings

All the people we spoke with told us they were very satisfied with the quality of care they had received. All the relatives we spoke with were satisfied with the quality of care their family member had received. Their comments included: "I have so much confidence in the home, I know that his [family member] health needs are taken care of," "I thank them [staff] for the excellent care," "Mum is more independent these days, she washes the dishes and cleans up every day - she loves it" and "There is such lovely supportive care."

In people's records we found evidence of involvement from other professionals such as doctors, optician and speech and language practitioners. Relatives told us they were fully involved in their family members care planning. Their comments included: "They [staff] ask me if I want to be part of the consultation when the doctor comes" and "The GP is great, he will phone me to discuss what he is planning for mum."

Staff were aware of the people who needed a specialised diet and/or soft diet. People told us their dietary needs were accommodated. People made positive comments about the quality of the food provided at the service. Their comments included: "The food is fabulous, they [staff] will cook you anything you want," "I like the food here, but today I think I will ask for a sandwich," "I get my favourite cereal in the mornings" and "I don't eat much breakfast, so I am always ready for my dinner, the food is good."

Relatives we spoke with also made positive comments about the quality of the food provided at the service. Their comments included: "[Family member] has put on weight since she came here, that can only be a good thing," "The staff are so hospitable, they offer families food too" and "Mum likes the food, she would say so if she didn't."

The registered manager showed us the improvements that had been made to the environment of the service since the last inspection. The redecoration of the service was part of the provider's implementation of their dementia strategy. Relatives told us the environment was much improved and that it was now more "dementia friendly". For example, large print signs with people's names, memorable posters and objects had been placed close by their bedroom doors to help people locate their room.

Staff told us they had training to enable them to perform their roles. We saw that staff were provided with a range of training including the following: dementia awareness, equality, diversity and inclusion, infection control, food safety, moving and handling practical training. We saw the competency of staff who administered medication was checked on an annual basis.

Staff told us they felt supported by senior managers working at the service. We found staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. We checked whether the service was working within the principles of the MCA.

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.

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently. We saw that regular checks were completed on the equipment within the service. During the inspection a maintenance worker was testing the calls bells to ensure they were all working correctly.

## Is the service caring?

### Our findings

People we spoke with made very positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "The staff here are really good," "They [staff] are so helpful and I love them," "They [staff] are so good to us" and "The staff always ask me if I am alright." We saw people could choose where to spend their time. For example, one person had chosen to stay in bed on the day of the inspection.

Relatives we spoke with made very positive comments about the staff and told us their family member was treated with dignity and respect. Their comments included: "[Family member] is a very quiet person and the staff respect that," "The dedication from staff such as [deputy manager] is outstanding" "Staff are so caring, I can't sing their praises enough," "They [staff] offer such excellent care and kindness" and "They [staff] care for our whole family too."

Staff were respectful and treated people in a caring and supportive way. It was clear from our discussions with staff that they enjoyed caring for people living at the service. Staff comments included: "I love working here, we all work here for the same reason, to improve lives," "We all make sure that each resident gets thought about every day" and "I have worked in a number of care homes, this is by far the best."

Staff we spoke with were able to describe people's individual needs and people's likes and dislikes. We saw that people's care plans contained information about the type of decisions people were able to make and how best to support people to make these decisions.

There were end of life care arrangements in place. The service worked closely with the local GPs and district nurses to ensure people had a comfortable and dignified death.

In the reception areas of the service there was a range of information available for people and/or their representatives. For example, details of the services dignity champion and the Sheffield dignity code. Details of advocacy services available for people to use were available for people or their representatives to take away. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

## Is the service responsive?

### Our findings

At the last inspection on 27 October 2017, we found the registered provider had not ensured that all the people living at service received appropriate care to meet their needs. These findings evidenced a breach of Regulation 18 Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvements had been made to achieve compliance.

People had access to a call bell in their room so they were able to call for assistance from staff. We saw that regular wellbeing checks were completed by staff for people who were in their bedrooms. We also saw that people were being appropriately repositioned whilst in bed if this was part of their care plan.

The service had a written and verbal process in place for the staff handover between shifts. The written documentation gave an overview of the care provided on the previous shift and people's health needs and wellbeing. This helped staff to identify and respond effectively to people's changing needs.

Relatives we spoke with told us they were fully involved in their family member's care planning. One relative commented: "The manager ensured that my brother and I were a big part of putting mums care plan together." We saw that people's care plans were detailed. People's personal preferences were reflected throughout their care plan. Care plans were reviewed regularly and changed to reflect current needs.

The service employed a part time activities coordinator at the service. They had recently started working at the service. They told us they provided group activities and one to one activities to people who stayed in their rooms. People we spoke with described how much they enjoyed the activities provided at the service. Their comments included: "The sing-a-longs are great fun," "They get some good entertainers in" and "We have some good parties" and "I like a good game of bingo." People told us they enjoyed the church services provided at the service. One person commented: "Oh the church service is lovely."

Relatives we spoke with made positive comments about the new activities coordinator. Their comments included: ""The new activity worker is great, he has made such a difference" and "[Activities coordinator] has had such an impact on mum, he has re-introduced her to the social life she used to love so much."

Relatives and people we spoke with told us they would like more daytime activities to be provided at the service and more opportunities for people to go out on trips and outings. Relatives comments included: "We used to go on outings, they have stopped now" and "The activities don't take place every day, this is a shame, people need to be occupied." We shared this feedback with the registered manager and area manager. They told us the provider had recently purchased a mini bus for their services in Sheffield to share, so people would be able to go out on trips and outings."

The provider had a complaint's process in place. Relatives told us that concerns were always taken seriously and responded to in good time. Their comments included "I have discussed the odd problem with [registered manager] she deals with things straightaway" and "If ever I had a problem I would go straight to [registered manager or deputy manager], I am sure they would sort it out." Relatives told us there had been

issues with the laundry at the service, with people's clothes going missing. Relatives were aware that the provider was taking action to resolve the issue by obtaining a new tagging system. This would enable clothes to be labelled easily with the person's name.

# Is the service well-led?

## Our findings

People told us their views were actively sought about their care. Their comments included: "Staff will always ask you if things are alright" and "My daughter takes me to the house [residents] meetings." The registered provider also sought the views of people who came for respite care at the service. We looked at the results of two surveys and saw people had provided positive feedback about their experience.

Relatives made positive comments about the senior managers at the service. Their comments included: "We have every confidence in the managers and the staff team as a whole" and "[Registered manager] is an inspiration to her staff," and "The home has improved since [registered manager] has been the manager."

Relatives told us their views were sought about the quality of care their family member had received. One relative commented: "We have been asked to provide feedback and attend meetings; we are more than happy to be involved." The area manager had gathered the views of relatives by holding a meeting day in December 2016 as part of their quality review.

There were planned and regular checks completed by the senior managers within the service to check the quality and the safety of the service. The area manager regularly visited the service to monitor the quality and the safety of the service provided. Their quality review covered a range of areas including: an environmental check, equipment checks, infection control, care plan checks, safeguarding referrals, staffing levels, staff training, and supervision.

Staff we spoke with told us their views about the service were sought. Their comments included: "We can see the manager if we have a problem, the area managers ask us how we are" and "The operations manager calls in to see if there are any problems."

We saw a variety of meetings were undertaken at the service. For example, the service held regular health and safety meetings to discuss any concerns and ensure action was taken to improve the safety of the service. Senior staff meetings were held to discuss the quality of care being provided and to identify where improvements could be made.

There was a process in place to ensure incidents were monitored to identify any trends and prevent recurrences where possible. The area manager completed an incident and accidents audit each month to ensure appropriate action had been taken.

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.