

Mr & Mrs K F Edwards and Miss S H Edwards

# Normanton Retirement Home

## Inspection report

168 Ellesmere Road  
Shrewsbury  
Shropshire SY1 2RJ  
Tel: 01743 271414  
Website:

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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 

### Overall summary

Normanton provides accommodation and personal care for 29 people. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. There was a registered manager in post. 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.

Staff had attended training on safeguarding people. They had awareness about identifying abuse and how to report it. Recruitment procedures were in place although no new staff had been employed for some time. Risk management plans were in place to support people to have as much independence as possible while keeping them safe.

Medicines were safely stored, administered and recorded in line with current guidance to ensure people received

# Summary of findings

their prescribed medicines in a safe way. People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that met their nutritional needs and took into account their personal preferences. People enjoyed the food and drinks provided.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected. Staff were kind and caring. Visitors were welcomed and people were supported to maintain relationships and participate in social activities and outings.

People had been consulted about their care needs and their views sought about the service. Systems were in place to ensure that complaints were responded to.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people.

Staff received training and support that was relevant to their roles. Systems were in place to ensure important information was shared amongst the team to ensure a consistent approach to people's care. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure people's safety and protect their rights.

Care plans were regularly reviewed and showed that the person, or where appropriate their relatives, had been involved. They included people's preferences and individual needs so that staff had clear information on how to give people the care that they required. People told us that they received the care they needed.

The service was well led. There were systems in place to monitor the quality and seek the individual views of people to improve the service.

# 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.

People's safety had been assessed and actions taken to reduce the risks to them and others.

The service provided a safe environment for people.

Staff recruitment processes were robust.

People were safe because if an allegation of abuse was raised the staff would do the right thing.

People were supported by sufficient staff to keep them safe and meet their needs.

Medicines were safely managed.

Good



### Is the service effective?

The service was effective.

Staff received regular supervision and training relevant to their roles.

People were supported appropriately in regards to their ability to make decisions.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balance diet.

People had access to healthcare professionals when they required them.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and respect.

People who lived at the home and their relatives were encouraged to be involved in the planning of their care.

Staff knew people well.

Good



### Is the service responsive?

The service was responsive.

People's care was immediately responsive to their individual needs.

Activities provided reflected people's hobbies and interests.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Good



### Is the service well-led?

The service was well led.

People who used the service and staff found the management approachable and available.

Good



# Summary of findings

Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Systems were in place to gather information about the safety and quality of the service and to support the registered manager to continually improve these.

# Normanton Retirement Home

## 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 was an unannounced inspection which was completed on 24 June 2015. One inspector carried out this inspection. The previous inspection was completed in 15 May 2013 and there were no concerns.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We spoke with six people living at the home, five staff and the registered manager. We looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and staff training information.

# Is the service safe?

## Our findings

People told us why they felt safe at the service. One person said, "The staff are always about and watch over us discreetly." Another person said, "I am safe here, they can tell if you are unhappy any day and try to put things right for people." A visitor told us, "(Person) is safe here, it gives us peace of mind, (person) is happy and settled and it's the best place ever."

People said they knew who to speak with if they felt concerned for themselves or others. Staff told us they received training and updates to help them identify how abuse could occur in a care home setting so as to help them safeguard people. Staff knew how to identify and report abuse and confirmed they would do so without hesitation. There have been no safeguarding issues within the service since our last inspection. Discussion with the registered manager showed how they would work openly with the local authority to ensure that people were safeguarded.

People lived in a safe environment. Risks were identified and individual written plans were in place to guide staff to help keep people safe while maintaining their independence. Records showed that staff had assessed individual care needs, considered options and referred to professionals for their advice. For example, one person was referred to a clinical psychologist as they had been presenting challenging behaviours to staff. Records showed that staff used their expertise and experience of working with this person to inform future approaches to care that kept the person safe.

The provider had clear emergency procedures in place in the event of a fire or for if the home had to be evacuated for any other reason. Fire alarms and call bells were also tested routinely to make sure they were in good working order to keep people safe.

Recruitment and selection processes were in place. The registered manager informed us that there had not been any new staff recruited since we last inspected the home. Staff turnover was very low. The registered manager described the appropriate checks that would be undertaken before staff would start working at the service. These included satisfactory Disclosure and Barring Service checks, evidence of identity and written references.

One person told us that there were never occasions when the home was not staffed well. People told us that staff responded promptly when they rang for assistance. One person said, "Staff are always around when they are wanted." Another person told us, "They always come when I ring, it makes me feel safe." There were enough staff available to meet people's needs. We saw that the number of staff on duty was in line with the number the registered manager told us was needed to meet people's needs. The registered manager told us they regularly reviewed staffing levels according to people's needs. Staff told us that staffing levels were good and allowed them to give people a safe level of care.

People were satisfied with the way the service managed their medicines. People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept and at the right temperatures so that they did not spoil. Where medicines were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. This meant that staff knew when these medicines should be given and when they should not.

# Is the service effective?

## Our findings

People told us they were happy with the care and support they received from the staff. People told us the staff listened to what they had to say and spent time with them.

There was detailed information in care files to inform staff about people's mental health and general well-being. We read that senior staff liaised with the person's GP or the community mental health team.

Staff were knowledgeable about the people they supported and confirmed they had access to care documentation to enable them to support people effectively. They described people as individuals and were knowledgeable about their mental health and day to day support needs.

People told us they were totally satisfied with the food. One person preferred food from a specific shop and this was arranged. Staff were observed offering people a choice of drinks and snacks during the day. The menu showed that people were offered a varied and healthy diet. There was choice for the main meal and people told us that they could have an alternative if it wasn't to their liking.

People were assessed for their risk of malnutrition. Relevant advice had been sought from healthcare professionals. Care records included information on people's physical health needs. Records were kept of health care appointments including visits to the doctors, dentist and opticians. One person told us the staff supported them to make appointments with their GP. They told us they could see their GP in private if they chose. Information was in place to guide the staff on what support people needed when attending health care appointments. The service provided its own car so that people could be taken to their appointments without delay.

Where people's needs changed staff were proactive in contacting social workers and other health care professionals for advice and support. People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions.

Staff described how they supported people to make day to day decisions, for example about how they wanted to spend their time, when to get up and go to bed and what to

wear. Staff were aware when people could not make decisions for themselves, for example when a person's mental health had deteriorated. Meetings were held so that decisions could be made which were in people's best interests. Records were maintained of these decisions and who was involved. These decisions also included Do Not Attempt Resuscitation (DNAR) and records showed that relevant people, such as relatives and other professionals, had been involved. It was clear from talking with staff and the information in care records the person would always be involved.

Policies and procedures were in place guiding staff about the process of DoLS and the MCA. All staff were due to receive a training update about the MCA and the DoLS. The registered manager and staff were knowledgeable about the legislation and the impact it had on their day to day roles of supporting people.

The registered manager described two situations where people had been assessed as not having mental capacity, so therefore applications for a Deprivation of Liberty Safeguard (DoLS) were required. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

People were asked for their consent before care and support were given. We observed staff asking people throughout the day before assisting them with tasks such as where they would like to sit or eat and when supporting people to transfer.

People were observed moving freely around their home and no restrictions were placed on them. People confirmed they could leave the home at any time. Although some people preferred to go out with staff and one person said they did not like to go out but this was their choice.

Staff received training so they knew how to support people in a safe and effective way. The registered manager had devised individual training plans for each member of staff. We saw records that supported this.

Staff felt they were provided with a good range of training and were competent in the tasks they carried out. They told us training needs were discussed at staff meetings and also

## Is the service effective?

in individual supervision meetings with the registered manager and the owner. Staff felt fully supported by the management and they were always around for support and guidance on a day to day basis.



# Is the service caring?

## Our findings

People spoke positively about the care and support they received. One person told us, "This is the best home I could ever have chosen to live in, I like it here very much." People told us the staff helped them when needed. Other people told us they were happy and well supported by the staff team." Another person told us, "I don't want to go out much but the staff will always provide the things I need."

We observed staff knocking on bedroom doors before entering the room. The relationships between people and the staff were friendly and relaxed. People looked comfortable in the presence of staff. Staff were sitting and engaging with people in the lounge/dining area. Conversations were inclusive and involved the people living in the home.

People told us they liked the staff that supported them. It was evident staff were knowledgeable about the people they were supporting and how people's mental health was monitored. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed. They spoke positively about the people, describing their interests, likes, dislikes and their personal history.

Where people chose to spend time in their bedrooms this was respected. Two people were cared for in bed. Staff were observed knocking on the person's door gently before going in to assist them.

Staff told us that people could view their records any time they requested. Relatives spoken with confirmed they had been involved in the care and were aware of the care plan. People or their relative had signed their plans of care where relevant. Regular reviews had been organised for people to discuss long term goals and progress. People were asked during their review whether they were satisfied with the care and any improvements that could be made.

People had been consulted about their end of life plans and what they wanted to happen in the event of their death or if they should suddenly become ill.

Visitors told us there were no visiting restrictions in place. One relative told us they were always welcomed into the home at any time and were offered drinks and lunch. We saw care and ancillary staff greet people in a way that showed they knew them well and had developed positive relationships. There were different communal areas within the home where people could entertain visitors privately as well as in their own bedrooms.

One person we spoke with told us that she found the registered manager and owners very caring. "I am very impressed with this home; one of the senior management is always here at weekends, even on a Sunday." Another said, "From the first visit I had a nice feeling about this place, very caring."

# Is the service responsive?

## Our findings

People told us that a range of activities and social events were available to them to meet their needs and preferences. One person said, "You can do as you please with your day. We do have suitable activities and I really like the new plan to hand rear our own chicks and then have chickens to look after. It will be great fun and very relaxing." Another person said, "I like to do my crossword each day as it keeps my brain ticking over." Another person said, "I like to sit in the lounge and watch TV. We go out and I also enjoy sitting in the beautiful garden when the weather is nice."

People had their needs assessed by the registered manager before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported, for example, when they wanted to get up, their likes and dislikes and important people in their life. These were reviewed on a regular basis.

Care plans were tailored to the person and included information to enable the staff to monitor the well-being of

the person. Where a person's mental or physical health presentation had changed it was evident staff worked with other professionals including the person's GP or social worker. The registered manager told us people were fairly settled and stable in relation to their mental health and they had excellent links with the community mental health team.

People had a choice about who provided their personal care. They were empowered to make choices and had as much control and independence as possible. People could choose where to eat their meals. Some people chose to eat their meal in the dining/lounge area whilst others chose to eat their meals in their room or the conservatory.

A copy of the complaints procedure was displayed in the entrance hall of the home. A suggestion box was in the foyer for people to place their comments in. The service had not received any complaints since we last inspected. We spoke to a number of visitors who all said they would be happy to talk to the registered manager if they had any concerns. They all considered that action would be taken straight away. The ethos of this service is to immediately put any request for anything in place. One person said, "The registered manager is incredibly responsive to anything I say, it's done, no hesitation." Another said, "I think it's the longevity of staff that gives a consistency and continuity of care. Staff never assume, even though they know us, they still ask."

# Is the service well-led?

## Our findings

A visitor told us, "The manager is very much a people person and takes an interest in the people and staff alike." People expressed a high level of satisfaction with the care and support that was in place and the environment.

The staff said the registered manager was very supportive, approachable and worked alongside them. The staff told us they were confident to report poor practice or any concerns, which would be addressed by the management immediately.

Communication between the registered manager and staff was positive and respectful. People were aware of the management structure in the home and knew who to speak with if they were unhappy.

The service had a clear vision and set of values that included involvement, compassion, dignity, independence, respect, equality and safety. These values were incorporated into people's care plans and other information that was available to staff. Staff told us the importance of recognising people as individuals and this was very much driven by the registered manager.

People's views were sought through a survey. Any comments were reviewed with the person involved and

their family. The quality of the service was based on how individuals viewed their care, and so the registered manager described how the feedback was on an individual basis.

Regular staff meetings took place enabling staff to voice their views about the care and the running of the home. Staff had delegated responsibilities in relation to certain areas of the running of the home such as checks on medicines. The registered manager told us, "It's important that the team felt valued and worked together to support people."

Staff received regular individual supervisions with the registered manager enabling them to discuss their performance and training needs. Annual appraisals were completed with each member of staff. This enabled the registered manager to plan training needs for individual staff members.

Incidents and accidents were appropriately reported on. Action had been taken by the member of staff working at the time of the accident. The registered manager reviewed any incidents carefully as they happened to ensure proper action had been taken. They had not identified any themes to these incidents.