

Mr David Lewis & Mr Robert Hebbes

Normanhurst Care Home

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 the 27 September and 2 October 2018 and was unannounced.

Normanhurst Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide personal care and accommodation for up to 75 older people. At the time of the inspection there were 59 people living there. Most people were independent and had capacity to make decisions about the support and care provided; they went out into town and for meals with relatives and friends. Other people, due to frailty and health care needs, were assisted with personal care and mobilising around the home.

At the last inspection in August 2017 the overall rating for Normanhurst Care Home was Requires Improvement as more work was needed to ensure their quality assurance system identified areas where improvements were needed. At this inspection we found this had been addressed and the overall rating had improved to Good.

The registered manager was present during the inspection. 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. The providers for the service are Mr David Lewis and Mr Robert Hebbes. They also own Normanhurst Nursing Home and Normanhurst EMI Home.

The quality assurance system had been reviewed and areas for change had been identified and prioritised to drive improvement. The care planning process had been changed and an electronic system had been introduced, which was audited as part of their monitoring process. People were involved in writing and reviewing their care plans and decided with staff how much support they needed, based on their preferences. Regular resident's meetings offered people opportunities to discuss the services provided at the home and put forward suggestions to develop them.

Activities had been developed and planned with people living in the home, which resulted in a range of group and one to one activities that people could participate in if they wished. People, visitors and staff clearly enjoyed these and they were comfortable in each others company.

Risk had been assessed and people were encouraged to be independent in a safe way, with the provision of walking aids and assistance from staff as required. Staff had completed relevant training, including infection control, medicines and safeguarding. They understood people's needs; how to protect people from abuse and what action they could take if they had any concerns. Supervision and staff meetings ensured staff were

up to date with current best practice and they had a good understanding of their and their colleague's roles and responsibilities. Robust recruitment procedures meant only suitable staff were employed and there were enough staff working to provide the care people needed.

Staff understood the Mental Capacity Act 2005 and consistently asked if people needed support or assistance. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications had been requested when required to ensure people were safe.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff were aware that people had different communication needs and could explain how they supported people to communicate.

People said the food was very good, choices were offered for each meal and snacks and drinks were available at any time. People kept in touch with relatives and friends. Relatives said they were always made to feel very welcome and participated in activities with their family members.

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 is safe.

Staff had attended safeguarding training and demonstrated an understanding of abuse and how to protect people.

Risk to people had been assessed and there was guidance for staff to follow to ensure people's safety.

Medicines were administered safely and administration records were up to date.

There were enough staff working at the home to meet people's needs.

Is the service effective?

Good ●

The service is effective.

Relevant training was provided to ensure staff had a good understanding of people's needs and the support they wanted.

Staff had attended training for Mental Capacity Act 2005 and Deprivation of Liberty and were aware of current guidelines and their responsibilities.

Choices were available at meal times and people were supported to maintain healthy diets.

People saw health and social care professionals when they needed to.

Is the service caring?

Good ●

The service is caring.

People planned their care with staff and made choices about how and where they spent their time.

People were encouraged to maintain relationships with relatives and friends and visitors were made to feel very welcome.

Is the service responsive?

Good 

This question had improved to good and the service is responsive.

People were involved in writing and reviewing the care and support they received with staff.

A variety of group and individual activities were arranged for people to participate in if they wished.

A complaints procedure was in place and people and visitors knew how to raise concerns.

Is the service well-led?

Good 

This question had improved to good and the service is well led.

An effective quality assurance system enabled the registered manager to monitor the services provided.

Feedback was sought from people, relatives and staff through regular meetings and satisfaction questionnaires.

Normanhurst Care 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 checked 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 the 27 September and 2 October 2018 and was unannounced. The inspection team consisted of one 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 the inspection we looked the information we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that occurred at the service. We also reviewed the information sent in by the provider and registered manager in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service; such as what they do well and any improvements they plan to make.

We observed the interaction between people, visitors and staff and the care and support provided in communal areas of the home. We spoke with 18 people and two relatives. We spoke with nine staff including the registered manager, administration staff, care staff, activity manager, maintenance staff and kitchen staff.

We reviewed records, including four care plans, the provider's internal checks and audits, medicine records and accidents and incidents.

We asked the registered manager to send us copies of records after the inspection including the training plan, medication policy, staff rotas and minutes of residents and staff meetings. These were sent to us as requested.

Is the service safe?

Our findings

People said they had decided to move into Normanhurst Care Home, known locally as 'the hotel', because they needed help with daily activities. Such as shopping, washing and cooking and assistance with personal care. People told us, "They are very friendly if I need anything I just pick up the phone", "The cleaning is excellent" and "Maintenance men are very good, rooms are decorated for each new resident." People and relatives said there were enough staff working in the home, one person said, "They generally come quite quickly if I use the bell." Staff told us they had time to provide the support people needed as well as spend time with them, "To chat and have a laugh."

Staff had attended safeguarding training and they had a clear understanding of how to protect people from the risk of harm or abuse. Staff talked about the different types of abuse, such as financial and physical, and knew what to do if they had any concerns. Staff said, "If I saw something I didn't like I would say something straight away and then tell the manager or senior. I know it would be sorted out. We have a whistleblowing policy, which we have talked about and I wouldn't worry about reporting anyone" and "I would talk to the manager first, but I know we can also talk to social services, the number is in the office or CQC." People said staff provided the support they needed and were confident staff would ensure their safety and protect them from harm. One person told us, "As much as they can as we make our own decisions and do our own thing."

Other risk was managed safely. Where risk assessments had identified risk, management plans were written with people; so that they were as safe as possible, but not restricted. These included eating and drinking, communication, sleeping, mobility and risk of falls. Staff said people were encouraged to be independent and take risk in a safe way. They told us, "Residents make choices about everything, some are at risk of falls but we support them to walk around with zimmers rather than restrict them and we know when they might need extra help. Depends on how they feel" and "We don't stop residents doing anything, we find a way to support them to do what they want even if they are assessed as at risk." Risk assessments were regularly reviewed and updated when people's needs changed. One person told us, "I use the walker to get around, I know they keep an eye on us and check that we are all ok. Which is very nice, but they don't interfere. I mean we decide what we do."

Medicines were ordered and delivered weekly and two staff checked them in to ensure they had received the medicines people needed. Medicines were stored in a lockable trolley and cupboards and only staff who had completed training and had been assessed as competent gave people their medicines. One person said, "They do my medicines for me which I'm quite happy with." Risk assessments had been completed regarding people managing their own medicines. Where there was minimal risk, and if people wanted to, they took responsibility for them. One person told us, "I do my own medicines" and another person said, "They bring my prescription medicines but I self-medicate paracetamol and Gaviscon." Staff told us, "As much as possible residents make decisions and choices and that includes medicines." Staff said they monitored medicines by asking people if they had taken them and by checking how often they were ordered. If they had concerns they would discuss them with the person and agree what action they should take. For example, one person was unable to remember if they had taken their medicines when staff had given them to take. To support them staff had introduced a form listing their medicines for the person to

sign when they had taken them. One member of staff said, "If they ask for their meds again we can show them the form so they can see they have already had them. It is such a simple answer and works really well for them."

Medicine administration records (MAR) contained photographs of people for identification purposes, their GP's contact details as well as any allergies they had. Staff said they checked the MAR for errors each time they gave medicines out and we saw regular audits had been completed to ensure the records were correct. People were prescribed 'as required' medicines, such as paracetamol for pain relief, and there was guidance for staff to follow to ensure people had these medicines when they needed them. This included why the medicine was prescribed, the dose and the maximum amount used within 24 hours.

There were sufficient staff to ensure people received the support they wanted. People told us staff were always available and if people rang their bell there was a quick response. One person said, "There are lots of staff, they ask how we are and if we want anything all the time." Another person told us, "I choose to stay in my room, I go to the dining room for meals and the staff pop in to see me regularly to make sure I have everything I need. I don't have any worries." Robust recruitment procedures ensured that only suitable staff worked at Normanhurst Care Home. Relevant checks on prospective staff's suitability had been completed; including references, interview records, evidence of their right to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS check identifies if prospective staff are safe to work in the care sector.

Accidents and incidents were recorded and audited regularly to look for trends or improvements that could be made to reduce risk. Staff explained an incident could be anything that affected people's lives in the home. People said they spoke to the registered manager or staff at any time. One person told us, "Anything that bothers me, they don't mind they, like to know how we feel about everything. Nice to have a chat about it, makes us feel like something will be done and it is." A concern was raised about people having problems walking to their seats in the dining room, because walking aids blocked access at times. There was a risk of tripping or falling. People and staff agreed to put the aids on the outskirts of the room so people could walk between the dining tables easily. This showed that staff made changes when issues were identified and action was taken to reduce risk to people.

The home was clean and well maintained. There was ongoing repair as required and any plans for developing the home were discussed with people living there. For example, they reviewed how the lounges were used. People had decided the television should be kept in the small lounge, while the main lounge would continue to be used for activities. Staff had completed infection control training and used protective personal equipment (PPE), such as gloves and aprons, when needed. Laundry facilities had equipment suitable to clean soiled washing and staff used the hand sanitising facilities, available throughout the home, to keep people safe.

Health and safety checks and environment assessments ensured people, visitors and staff were safe. These included the lift, flooring and people's personal property, such as TV's and radios. Personal emergency evacuation plans (PEEPs) were available to support each person to leave the building if needed. Fire alarms were tested weekly. People said these were done regularly and staff had attended training. Fire marshal training had taken place during the inspection, which meant one member of staff on each shift would take responsibility for people's, visitors and staff safety in the event of a fire.

Is the service effective?

Our findings

People said staff understood how much assistance or support they needed and had lots of training. One person told us, "They are very well trained, they know how much we can do and when we need extra help." A relative said, "The staff are excellent, they know how to look after residents really well without taking away their independence. They are very well trained." People told us the food was very good, they had choices and decided where they had their meals, depending on how they felt at the time.

People's needs were assessed and support was provided in line with current guidance. People told us staff provided the support they wanted, such as assistance with some of their personal care. One person said, "They are lovely, they let us decide, ask us if we need help and they are so pleasant."

Staff said the training was very good and they had to attend. Recent training had included fire safety, safeguarding, moving and handling, infection control and dementia awareness. Staff had a good understanding of equality and diversity and people's rights irrespective of age, race or disability. Staff said they were confident that support and care was provided based on people's individual needs and preferences and their rights were protected.

People received the care and support they wanted from staff who had the skills and knowledge to understand their needs and offer assistance as required. The registered manager said staff practice was observed daily as they worked, "So we can pick up any areas where additional training or guidance is needed." One to one supervision enabled staff to talk about their roles and responsibilities, any training they would like to do and any concerns. One member of staff said, "Yes we have regular supervision and we can talk about anything. The manager is very supportive if we have any problems, not just work, which I have needed at times. We are like a family, we all work together."

New staff completed induction training. Staff said this started with an introduction to people, visitors and staff, the routines at the home and they worked with experienced staff to understand each person's preferences and needs. The registered manager received feedback regarding new staff and worked with them to assess their competency, before they were allocated to support people on their own. The registered manager said all staff completed induction, even if they had previous experience of working in the care sector and staff who had no experience of care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure that staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Staff were supported to work towards health and social care qualifications and staff said they had completed level 2, 3 or 5.

Staff said they had completed training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and records showed they had done this training. The 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 people 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. We checked whether the provider was working within the principles of the MCA. Staff told us people had capacity to make decisions about all aspects of the support provided. If staff thought a person was unable to make more complex decisions, such as attending a hospital appointment, they would talk to relatives with the person's permission.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. DoLS applications had been submitted to the local authority in line with current guidance when required.

People told us the meals were good. They chose to have their meals in their own rooms or the dining room. One person said, "I usually have my breakfast on a tray in my room, then I get washed and dressed. I have lunch in the dining room so I can have a chat with my friends. It is very nice." There were choices for each meal, with a cooked breakfast as well as cereals and toast; two choices and a special at lunch and two choices in the evening. The menu was displayed on the notice board in the entrance area and people could ask for alternatives if they didn't like the choices offered. Hot and cold drinks were available at any time, they were offered regularly and people could ask if they wanted a particular drink. One person told us they could phone down to reception and, "Just ask for a drink." Another person said, "In the night if I wake up I can just ring down for a cup of tea."

The chef told us there was regular feedback through the registered manager and catering staff informed them of any issues in the dining room. The registered manager informed the chef if a person had any dietary needs and they spoke to the person to make sure they could provide a nutritious diet. The chef said people had been involved in developing the menus. They said, "We join residents at their meetings so they can tell us what they think and if they want anything else, they can really have what they want." Specific dietary needs were met, such as supporting people with diabetes and staff assisted or prompted people as required. Staff knew how much people ate and drank. People were weighed monthly, or more often if staff had concerns about the amount they ate and drank and, if there were any concerns advice was sought from GPs and dieticians as required.

People were supported to be as healthy as possible and received healthcare assistance from professionals when they needed it. People told us, "If you need to go to the hospital or doctor they organise it all for you," and the district nurse visited when needed. One person said, "The district nurse came and suggested I take an hour on the bed in the afternoon, which I have started to do." Records were kept of the visits and if there were any changes to people's support needs the guidance for staff was reviewed and updated. Chiropody appointments were arranged regularly and people enjoyed using the hairdresser's salon on the lower ground floor of the home.

People's individual needs had been met by adaptations to the home and equipment was provided to ensure they were as independent as possible. Normanhurst Care Home was a large building, people could move around safely and accessed the lounges using the lift. Ramps had been installed to ensure people could use the garden and leave the home safely to go shopping or enjoy the seafront. People sat in the entrance area or the lounges, chatting and laughing with friends. One person liked to sit near the front door and said, "I like sitting here, I can see who is coming or going and talk to staff." There was written and pictorial signage throughout the building so people and visitors could find their way around. People said they were a good idea so a new resident could find their room and the facilities.

Is the service caring?

Our findings

People were independent, they decided how they spent their time and if necessary staff supported them to do this. People said Normanhurst Care Home was like a small community with people, visitors and staff working with each other. One person told us, "We are a big family, we know each other and the staff, we all work together." Staff enjoyed working at the home and they involved themselves in all aspects of the support provided. One member of staff said, "If people enjoy their day then we have had a good day too and have done our job."

People decided how and where they spent their time. They told us, "It is very relaxed here, as close to home as we can get" and "The staff are lovely and respect what we want to do." Care plans included information about how much support people wanted and there was guidance to advise staff how to assist people who may need additional care. Conversations between people, visitors and staff were relaxed and friendly. People and visitors were treated with respect and involved in discussions about the assistance offered by staff. One person said, "Staff are very good, they are always around if we need anything and ask how we are."

Staff said it was their job to ensure people were comfortable and, "Have everything they need to be happy living here." People said staff protected their privacy and dignity. One person told us staff, "Always knock and draw the curtains" when assisting them to get up and dressed. People said they made choices about all aspects of their day, such as what time they got up and went to bed. One person told us, "I usually go to bed after 11.00pm. I just ring down and ask for the carer to come up." Staff asked people if they wanted to be checked at night. A member of staff said, "We just check quietly to see if residents are asleep. If they are awake we ask them if everything is ok, offer a cup of tea and ask if they need anything." Another member of staff told us, "A cup of tea and a chat work quite well if residents can't sleep." People said, "They are fantastic at coming in at night to check up on me" and "They poke their head round and give you a check." Staff respected people's choices and one person told us, "I've asked not to be checked at night but I do let them know if I'm not feeling well and ask to be checked." Staff said everything they did was based on what people wanted and when. A member of staff told us, "We assist people when they want us to, if they are not ready or want to stay in bed that is fine, we ask again later. It is up to them, we are here to support people to make decisions not make them for them."

Staff knew people very well, they respected people's equality and diversity and spoke knowledgeably about their individual needs and preferences. They talked about people's life stories, their relatives and friends, interests and hobbies. Staff said, "We get to know residents and their families, we know what they are interested in so can chat with them about that", "I think it is very good here, residents make all the decisions, it is their home and we support them to be independent" and "Some residents go into town or just for a walk every day and others need more help. I've got a shopping list of things to get for residents, so they can have what they want."

Relatives and friends visited at any time, they chatted to people in the entrance area as they walked in and were welcomed at reception. People were told we were doing an inspection, we were introduced to people, including those who chose to remain in their rooms. One person told us, "I prefer to sit quietly in my room, I

am quite comfortable and just need a bit of help." We saw staff enjoyed supporting people and people sat together with their friends and knew each other very well. There was friendly chatter and banter throughout the inspection. One person told us, "Always someone to have a chat with." Another person said they were friendly with other people on their floor and, "We all yell out to each other in the morning." People's rooms had been personalised with their own belongings and one person told us, "These are my own curtains and bedding."

Records were kept secure and staff were aware of the General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Care plans and personal records were accessed using hand held electronic devices, which were password protected so only staff or the person concerned could read them.

Is the service responsive?

Our findings

At our inspection on 21 and 24 August 2017 we rated this key question Requires Improvement as further time was required to ensure the care plans contained all relevant information about people's healthcare needs. This inspection found that the care planning process had been reviewed and care plans contained relevant information to ensure people's healthcare needs were met and the rating had improved to Good.

The activity manager organised a range of activities that were planned around what people wanted to do. The 'Normanhurst Times' kept people in the care home, the nursing home and the annexe informed about activities arranged for each home. Additional information included people's birthdays, answers to the previous months crossword, new puzzles for the month and details of new staff. The October paper reminded people to put their clocks back on the 27 October. The activities included twice weekly bingo, arts and crafts, chair exercises and trips out for evening and lunchtime meals. The home had a small shop, just off the large lounge, with toiletries, snacks and drinks. There were regular visits from churches, the local library, a clothing shop and community groups. For example, the scouts visited to talk to people and pupils from a local school had 'pen pals' in the home. A visitor, whose relative had lived in the home, continued to spend their day there, they had lunch and organised outside entertainers for people.

People chose which activities to participate in. They were not restricted to those provided in the care home and they joined people in the nursing home and annexe for activities if they wanted to. For example, external entertainers were booked to sing in the annexe one evening and people said they would be joining them as they were very good. People told us the activities were, "Excellent." One person said, "I like the quiz, I am not very good but I like to join in." Another person told us, "I like the singing and it is nice just to sit and look out over the prom, seeing what is happening." Staff said it was entirely up to people if they joined in. People knew what had been arranged, the Times was given to people and visitors and the programme was displayed on the notice board near reception. Some people preferred to remain in their rooms and staff offered one to one time to chat or take them out, to the garden or for a walk. One member of staff told us, "This is the residents home, they decide how they spend their time and we arrange everything we do around that." Another member of staff said, "We ask people what they think about the activities and if they have any suggestions we can change the programme to fit in with what they want to do."

During the inspection activities included a card game, with chocolates or biscuits as prizes. One person liked to watch the game, but preferred not to take part and staff respected this. The harvest festival was very popular. One person said, "I don't usually do activities but I will go the Harvest festival today." People and staff provided fresh, tinned and bottled produce and the activity manager made a harvest loaf that people shared after the service. People and staff took part in the weekly quiz, which was very competitive, they clearly enjoyed themselves and staff assisted people to join in. There was considerable laughter and joking between people, visitors and staff and they were very comfortable in each other's company.

People told us they planned their own care and staff offered support when people wanted it. One person said, "We are all quite independent and make choices about everything. The staff listen to us, they might offer suggestions, like joining in activities, but I prefer to sit here." A relative said, "The staff offer just enough

support to keep residents independent whilst making sure there are no accidents. I think it is lovely here."

The registered manager said people's needs were assessed before they were offered a room. "To make sure we understand how much support they need, we have the room that they want and have enough staff to look after them." People said they knew about the home and had known people who moved in so were please to do so. One person told us, "The hotel is part of Bexhill's community really, it has been here for a long time and everyone knows about it." Another person said, "They came to see me to talk about what I wanted and then I had a look around and picked my room. I'm very comfortable." The information from the assessments were used as the basis for the care plans. These were personalised and written with people and their relatives, if appropriate. They identified each person's individual needs and there was guidance for staff to follow to ensure people's needs were met. Care plans were on an electronic system; staff recorded the support they provided using hand held devices and we saw that people had signed these to show they agreed with their care plans. Staff said they were easy to use and the information was updated onto the central computer soon after they completed them. One member of staff told us, "I have got used to them now, thought they were difficult to start with but they are set up so we can record when we have done something and add comments if there is anything different. Like if someone chooses not to get up."

Staff knew people very well and talked knowledgeably about each person's life in the home. This included how independent people were and how much support they needed; when they liked to get up, what food they enjoyed and the activities they took part in. People and staff said they talked about each person's care needs and agreed between them how this would be provided. This showed that support was planned on a holistic basis, with staff looking at all aspects of people's care needs. The registered manager said they were moving towards a multi-skilled team of staff rather than staff only having one role, such as, supporting with personal care or doing activities. We saw that staff assisted people to get up and dressed and then joined them in the activities.

There were handovers at the beginning of each shift to keep staff up to date about any changes in people's needs or the services provided. Significant information was also recorded on the white board in the staff's office and the communication book and this was passed onto staff on the next shift. Such as, obtaining a specimen to test for urinary tract infections and arranging hospital appointments.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although most people at the home had full capacity and could communicate their needs, additional support was provided when needed. For example, for sensory loss such as poor eyesight and hearing loss. Records showed if people used glasses and hearing aids and how significant they were to each person. Staff had completed AIS training and we saw they supported people with sensory loss to participate in activities.

Staff said they had attended end of life training and were aware of the support they could provide at the home. One member of staff told us, "We support residents as much as we can to remain here and we can provide end of life care. But if we can't meet their needs we talk to residents and their relatives and agree what would be best for them and we may find an alternative home." End of life care plan were included in the care plan for people who wanted to record their wishes and these included do not resuscitate forms. Staff respected people's choices if they did not want to discuss end of life care. The registered manager told us the district nurses and palliative care nurses were available if needed and they worked closely with them to ensure people were supported if their health changed.

Technology was used within the home to enable people to communicate internally, using the call bell

system or the phone in their room and, externally to receive calls from friends and relatives on the landline. A broadband system enabled people to use the internet to email or skype relatives and friends.

A complaints procedure was clearly displayed on the notice board and included in the information given to people when they moved into the home. This included details of how to raise a concern or complaint, who would investigate the complaint and the timeframe of the investigation. The registered manager said they took all concerns or complaints very seriously, they tried to resolve them as quickly as possible and could often do this immediately. For example, if they concerned the meals, the chef would be informed and an alternative could be offered at the time. People told us they knew who to complain to and would do so if they felt it was necessary. "If I needed to make a complaint I'd be happy to speak to the manager", "Manager very good I would go to her if I had a complaint", "Happy to make a complaint if I needed to", "Occasionally my son has raised concerns but they have always been dealt with satisfactorily" and "Very good here no complaints at all."

Is the service well-led?

Our findings

At our inspection on 21 and 24 August 2017 we rated this key question Requires Improvement as more time was needed to ensure the quality assurance system was part of everyday practice. This inspection found that the quality assurance system was effective, improvements had been made when needed and the rating had improved to Good.

The quality assurance system had been reviewed and changes made regarding how the services were monitored. There were audits in place to review cleaning and infection control, medicines, care plans, accident and incidents and activities. Records showed the audits were up to date and when concerns had been noted action had been taken to address them. For example, gaps had been found on the MAR and to ensure records were completed correctly they made giving out medicines a protected role. A member of staff was allocated to do this on each shift, other staff and people knew they were not to be disturbed, as they wore a red tabard stating this. Medicines and the MAR were checked each time they were given to people and audits evidenced that improvements had been made.

People said Normanhurst Care Home was their home. People were comfortable, staff looked after them very well and the registered manager and providers were approachable and available at any time, if they wanted to talk to them. We saw the registered manager joined in with the singing and the competitive quiz and this seemed a natural part of the day. One person told us, "Oh yes, she joins in when she can, knows lots of answers too I think." Another person said, "All the staff are great, it is like a big family we get on most of the time, and there is always someone around if you need help or just want to talk." People told us they felt listened to and involved in what was happening in the home, "If I have any worries I share them with the activities manager" and "The staff always have time to listen."

Regular resident's meetings provided an opportunity for people to talk about the support provided and make suggestions for improvements. People said, "We have residents meetings and if we have any worries they are sorted there and then" and "We asked for seats in the garden and they came." Minutes from the meetings showed that staff informed people of any changes. For example, they discussed the General Data Protection Regulation (GDPR) which came into effect in May 2018 and explained they had to ask for their permission to share people's personal information. Concerns about the front windows being dirty had been raised and these were cleaned. The chef joined them during the meetings and people put forward requests. Such as, more vegetables and soup without onion in. The chef spoke at the meetings. During one he said he was open to any suggestions about the special at lunchtime and people agreed the spam fritters had been a great success. People also discussed important public events and how they planned to celebrate these. For example, the royal wedding. A royal wedding supper was to be provided. People requested sherry trifle and wine for toasting and the activity manager agreed to make a celebration cake.

There were clear lines of accountability and staff were aware of their colleagues and their own roles and responsibilities. Staff told us the management style was open and transparent. "We can talk to the manager at any time and the owners pop in to check everything is ok. Like during the festival." Staff said they were involved in discussions about how they how the service should develop and felt confident if they put

forward any suggestions they would be taken seriously. One member of staff told us, "We have regular team meetings so we have a chance to sit and talk about everything. They let us know what is happening and we can point out things that could improve." Another member of staff said, "I think we all work well together, not just the staff but the residents and their families, we have the same aim to ensure people are as happy as they can be."

The provider had notified CQC of significant events which had occurred in line with their legal obligations. The registered manager was aware of their responsibilities under Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. The registered manager told us they were open about all aspects of the care and support provided and talked to people and their relatives all the time. One person said, "Yes I have a chat about anything with staff, especially my needs and if they change." Staff kept relative's informed with people's permission. Relative's told us, "Great communication between the home they ring me with any problems, can't fault the place" and "My son he always rings after 7.00 and has a chat to them before he is put through to me."