Care Quality Commission

Anchor Hanover Group

Norton House

Inspection report

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Date of inspection visit:
28 August 2019
29 August 2019

Date of publication:
16 October 2019

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

About the service
Norton House is a care home which accommodates up to 40 older people and people living with dementia in the City of Westminster. The service provides care over four floors. One floor is a transitional unit for providing short-term respite care. At the time of our inspection there were 37 people using the service.

People's experience of using this service
People were positive about the service and the care they received. A person told us "If you're going to be in a care home this is the one to be in."

There were systems in place to safeguard people from abuse. People told us they liked living in the service and had no concerns about their safety. There were enough staff to both meet people's needs and allow care workers to spend quality time with people. Staff were recruited safely. Risks to people's wellbeing were assessed and measures to manage these were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs and choices were assessed appropriately and care workers received the right training and supervision to carry out their roles. People had the right support to eat and drink and to stay well. Concerns about people's wellbeing were acted on promptly. The home was clean and well maintained, and laid out in a way which met people's needs.

People were supported to express their views about their care and were involved in decisions about the running of the service. People told us they were treated with dignity and respect and staff demonstrated a good awareness of people's choices and preferences.

The registered managers engaged with people and their care workers to make sure the service was performing well and took action to improve the service when required. There were good systems of audit to make sure that issues were addressed promptly. Managers promoted an open and supportive culture and made sure there was good communication.

People had access to a varied and interesting activity programme and spent time with care workers on individual activities of their choice. People's care was designed to meet their needs and people had discussed their wishes for the end of their lives. Complaints were responded to appropriately by managers.

The provider did not always systematically monitor people's goals and priorities for their care. We have made a recommendation about this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
The last rating for this service was good (published 28 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Good** ●
Is the service effective? The service was effective. Details are in our effective findings below.	**Good** ●
Is the service caring? The service was caring. Details are in our caring findings below.	**Good** ●
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good** ●
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good** ●

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Norton House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by 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.

Service and service type
Norton House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we held about the service, including serious incidents the provider is required by law to tell us about. We spoke with a monitoring officer from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and two visiting family members. We spoke with the

registered manager, regional manager, a team leader and six care workers.

We looked at records of care and support for seven people and records of medicines support for five people. We looked at records of recruitment, appraisal and supervision for five care workers. We reviewed a range of records relating to staff training, financial checks, rotas, activity plans and engagement with people and their families. We also looked at records of health and safety checks for the premises. We observed the support people received at mealtimes and during an activity session.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good . At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living here. Comments included "It's pretty good. Overall, we're satisfied that [my family member] is safe and we have no issues of concern about safety".
● People were safeguarded from abuse. Care workers received regular training in safeguarding adults and understood their responsibilities to report their concerns; all were confident managers would act on these. Concerns were reported promptly and managers took appropriate action to address these.
● People were safeguarded from financial abuse and loss. The provider operated accounting systems to account for and check people's money and this was reviewed and signed off by the registered manager.

Assessing risk, safety monitoring and management
● The provider managed risks to people's wellbeing. This included assessments relating to people's mobility, self-neglect and pressure sores. There were falls prevention plans in place where necessary. Risk management plans were followed and staff used sensors and equipment where necessary to mitigate these risks. Care workers checked the temperature of water before bathing to protect people from the risk of scalding.
● Health and safety checks were used to ensure the environment was safe. This included regular checks of the premises. External checks such as gas and electrical safety were carried out and actions taken as required.
● There was a fire safety risk assessment in place. Where people were not able to evacuate the premises safely the provider had a personal evacuation plan in place to document the support people would require to evacuate. Staff had up to date training in fire safety and carried out fire drills.

Staffing and recruitment
● There were enough staff to safely meet people's needs. Care workers and people who used the service told us that they were satisfied with staffing levels.
● Care workers were recruited safely. This included obtaining proof of people's identity and their right to work in the UK and evidence of satisfactory conduct in previous employment. The provider carried out checks with the Disclosure and Barring service (DBS). This DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.

Using medicines safely
● Medicines were managed safely. Care workers had training in how to administer medicines safely and managers carried out checks of staff competency and their understanding of good practice.
● The provider assessed risks to people relating to their medicines. This included being aware of risks from

side effects and how to manage medicines which were taken as needed. Medicines were stored safely in a dedicated, temperature controlled room.
● Staff recorded people's medicines appropriately on medicines administration recording (MAR) charts. These were checked by managers. There were also appropriate checks of medicines stocks and those relating to controlled drugs.

Preventing and controlling infection
● People were protected from infection. The service was kept clean throughout and there were measures to dispose safely of contaminated waste. There were kits available on each floor to safely dispose of bodily fluids.
● Care workers received relevant training to help them manage infection risks. This included cross infection, food safety and salmonella awareness. The service had a good food safety inspection rating.

Learning lessons when things go wrong
● The provider operated a central system for logging incidents and accidents. This included details of the incidents and actions taken as a result.
● Managers reviewed incidents and checked that appropriate actions were in place. Where people had fallen the provider had reviewed their risk assessments where necessary and put in additional measures to protect people.
● Changes had been made to the building in response to concerns. The provider had reviewed the safety of the front door due to the risk of a person leaving without support. Access to staircases had been restricted due to concerns that people could access the stairs when it was not safe to do so.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good . At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider assessed people's needs prior to people moving in. This included assessing people's health and wellbeing, their personal care needs and wishes and the support they required to eat and drink and sleep well.
● Managers carried out a further check within 48 hours of people moving into the service. This was to make sure that legal orders were considered, and that plans were in place to address issues such as swallowing difficulties, infections and continence needs.
● Checks were more detailed for people living with dementia. Managers checked that staff had explored what brought the person comfort, what could distress them and how best to support a person with their memory impairment.

Staff support: induction, training, skills and experience
● Care workers received a suitable induction into the service. This included procedures at? the service and basic training in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New staff had a probationary period to enable managers to check their suitability for their roles.
● Staff received enough training to carry out their roles. The provider had assessed the mandatory training for care workers and ensured that this was kept up to date. Comments from people included, "They're competent with showering" and "They're nice [people] and trained. They're perfect." Staff were happy with the level of training provided. A care worker told us "Yes there's enough training and Anchor monitors that."
● Staff had regular supervision with managers. Supervision was used to review staff practice and discuss concerns and support needs they may have. There was a strong focus on personal development and access to training.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink foods of their choice. People received their meals promptly with attentive staff support to eat and drink.
● People's weights were monitored. The provider reviewed people's malnutrition risk (MUST) scores monthly and issues of concern were followed up, including seeking advice from the person's GP or consulting a dietitian. Sometimes MUST scores were not correctly calculated, but there was no evidence that the service had failed to detect issues as a result and this usually resulted in overestimating risk.
● People were offered a choice of food which met their dietary needs. Care workers explained the choices to people and encouraged them to make decisions. There were systems in place to make sure people's specialist dietary needs were communicated with the kitchen. Meal choices were discussed in resident's

meetings and the chef held sessions with people to try out proposed dishes for the next planned menu.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff took prompt action when they were concerned about a person's wellbeing. This included seeking advice from a GP or emergency services as required. Care workers gave examples of when they had raised concerns about a person's health with their manager and action was taken.
● Staff sought the advice of relevant professionals and specialists. There were extensive records of visits from health professionals and care workers recorded the outcome of these visits; changes were made to people's care plans as required.
● Staff were aware of how to help people who were in pain. When people suffered from painful conditions, staff assessed the severity of the pain and had a plan in place to address this. These were reviewed as necessary and advice sought when needed.

Adapting service, design, decoration to meet people's needs
● The premises had been decorated throughout. There was an emphasis on creating small spaces for people to relax and to create a homely environment.
● The building was adapted to meet the needs of people living with dementia. There was clear, dementia friendly signage. This included a dementia friendly lift which had a large clock showing the current date and picture signs to help people choose the correct floor. Floors were colour-coded to help people recognise which floor they were on.

Ensuring consent to care and treatment in line with law and guidance
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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Where possible people had consented to their care and had signed appropriate consent. The provider also sought consent for sharing information and for how they may use a person's picture internally and on social media.
● Where it was not clear people could consent to their care the provider had carried out a suitable assessment of their capacity to make particular decisions.
● Restrictions on people's liberty had been considered. This included whether the use of key pads or a locked front door could restrict a person's freedom. The provider met their requirements to apply to the local authority for appropriate authorisation to restrict people's liberty. Care workers received appropriate training in DoLS.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People told us they were treated well by staff. Comments included "They're polite, kind and friendly." We saw examples of good quality interaction throughout the day. People were greeted by staff using their chosen names. Care workers had time to sit with people and spend quality time together. When staff needed to leave a communal area they explained to people why they had to leave and made sure people were alright by themselves for a short space of time.
● People's cultural and religious needs were assessed and met. People had specific care plans to identify their cultural background and their beliefs. People had access to religious services both inside and outside the service.
● Care workers told us they had supported the same people for long periods of times. This helped them to build up a rapport with people and better understand and meet their preferences for their care. A care worker told us "I always work on this floor so I know my people really well."

Supporting people to express their views and be involved in making decisions about their care
● The provider carried out life story work with people. This included information on people's jobs, their professional accomplishments, their early lives and their families. There was information on the people who were important to them and how best to maintain contact. Care workers demonstrated a good understanding of what mattered to people.
● Where people spoke a language other than English the provider allocated staff who spoke the person's language to work with them. Staff members had diverse language skills which helped them to support people better. We saw examples of where people had spoken English as a second language but had lost this skill, and how the provider had been able to meet people's needs.

Respecting and promoting people's privacy, dignity and independence
● People told us their privacy and dignity was respected. Comments included "They knock on the door" and "I don't feel rushed."
● People were supported to maintain their independence. Plans included details on what aspects of care people could do for themselves. Care workers we spoke with demonstrated a good awareness of this and described how they prompted people to carry out care for themselves. A person told us "They let me do stuff for myself."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned to meet people's needs. People had detailed care plans to meet a range of needs in their lives, including those relating to personal care, oral care, sleep and communication, and these were reviewed monthly or more frequently if required. Care workers kept detailed records of how they had met people's needs, with information on the support they had provided, the person's wellbeing and how they had chosen to spend their time. A person told us "I can't fault them, they do all they can." A relative told us "They're very caring and do look after people well; [my family member's carer] is lovely."
- In a small number of cases people had behaviour which may challenge. Staff demonstrated an awareness of the reasons for the behaviour and how best to support the person when distressed. Incidents and accidents were recorded as necessary and engaged other professionals in addressing the causes of the person's behaviour.
- People told us that sometimes they worried that a particular need was not monitored by staff. For example, some people stressed the importance of doing their exercises. In some cases people had expressed particular goals on moving to the home, but there were not systems in place to monitor people's goals and ensure that these were met.

We recommend the provider take advice from a reputable source on systematically identifying and monitoring people's goals.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People communication needs were assessed as part of the initial assessment and there were plans in place to meet needs. Managers checked after admission that people's communication difficulties were met.
- Managers gave examples of when they had provided information in accessible formats. There was no specific process to flag up when people may need information provided to them in alternative formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to an activity programme. This included exercise sessions, quizzes and drama sessions as well as regular cocktail parties. There was also engagement with local groups including schools. We saw examples of care workers sitting with people and engaging them in activities such as board games.

● The provider had changed the way activities were organised and this had been successful. There was now a 'whole service' approach to carrying out activities with people and care workers were encouraged and trained to take the lead on group and individual activities. Care workers praised this approach and told us it helped them build better relationships with the people they supported. A care worker told us "I tend to have more time to chat with customers."
● The provider monitored people's engagement with activities to ensure everyone received support. People told us they enjoyed these activities, but some people felt they didn't have enough opportunities to go outside. We saw examples of where people had specific interests they felt unable to pursue.

Improving care quality in response to complaints or concerns
● The provider had a process for addressing complaints. This included the need to record the actions taken to investigate and to respond to the complainant.
● The service took appropriate measures to respond to complaints. There had been a small number of complaints relating to the approach of particular staff members. When this had happened staff members were spoken with and in some cases placed under additional monitoring. The service had apologised when they were at fault.

End of life care and support
● People were supported to express their wishes for the end of their lives. This included whether they wanted to be at the home when they died and what their wishes were for their funerals. The provider assessed whether people were aware of their conditions and what involvement they wanted their family members to have.
● The provider told us of recent times when people had died in the service. The registered manager offered accommodation to family members so that they could be close and felt they could be in the home at any time. Staff were encouraged to attend funerals where appropriate.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Care workers told us they felt well supported in their roles. Comments included "They give us everything we need to do our jobs" and "I have a good manager." Many care workers had worked in the home for over ten years and praised the team work and support they received from colleagues.
● The registered manager chaired regular meetings with people who used the service. People were able to use this opportunity to raise concerns about the service and managers responded to these and addressed them. Meetings were used to discuss decisions which affected people, such as food choices, activities and staffing. There was evidence of changes taking place in response to comments at these meetings, such as discussions with staff about the way they interacted with people.
●Care workers were engaged through regular meetings. These were used to discuss what was working well and what staff needed to focus on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Information was handed over effectively between shifts. Handover meetings were used to discuss people's individual needs and how these had changed, and to address issues of performance noted by managers.
● There were regular meetings with team leaders and night staff. Managers fed back their views on staff performance and clarified staff roles and responsibilities.
● Managers met their responsibilities to notify us of events they were required to by law; ratings from the previous inspection were displayed in communal areas and on the provider's website.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● There was evidence of learning from staff concerns. For example, when staffing hours had been miscalculated, the registered manager took on responsibility for this personally. The provider had reviewed how space was used in the building and created small areas where people could sit; the lounge had also been extended to create a better environment for people.
● The provider had changed staffing arrangements to introduce an additional team leader on each shift in response to staff feedback. Care workers were positive about this change and told us it enabled them to be more responsive to people's needs, and they felt more supported. A care worker told us "It helps, we have extra heads in the building."

● Managers had a range of sources of information to assess the performance of the service. This included their own audits and those carried out by the provider. The provider had commissioned a recognised opinion research specialist to survey the views of people who used the service and their families and of colleagues. These tools showed overall performance was good, but when areas for development were identified the registered manager had an action plan in place to address these.

Working in partnership with others

● The provider was working with the local authority to introduce a new, 'virtual bike ride' activity. We saw how the provider and representatives from the local authority engaged people who used the service to explain the aims of the activity and generate interest.

● The local authority told us they were pleased with the performance of the provider and their engagement in new initiatives, including those relating to activities.