

Norton Lees Hall and Lodge Limited

Norton Lees Hall and Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Norton Lees Hall and Lodge is a residential care home providing personal care to 43 people at the time of the inspection. The service can support up to 80 people in a purpose-built facility over two floors and four wings, each with a separate dining room and lounge. At the time of our inspection only three wings were in operation.

People's experience of using this service and what we found

Risks to people were assessed and their safety managed, however some identified risks were not recorded consistently throughout people's records and staff were not always aware of these. Checks concerning the environment and equipment took place, however provider oversight of these was not effective. Medicines were generally administered safely although records for creams were not always up-to-date. Not all staff had received recent medicine administration training, although competency checks on staff administering medicines were undertaken. Systems were in place to protect people from abuse. Staff were knowledgeable about safeguarding processes. People's dependency needs were checked regularly to support staffing levels. Relatives and staff told us staffing levels were adequate. Infection control procedures were in place and regular cleaning took place. Action plans were produced as a result of accident analysis and recent staff meetings showed discussions about lessons learnt.

Most staff had not received mandatory training, recent training had taken place for some staff and plans were in place for the completion of all training by the end of September 2019. People's needs and choices were assessed. People were supported to eat and drink and this was monitored to maintain a balanced diet. People told us the food was good. A handover took place at the start of each shift, daily flash meetings had recently taken place to share information. Staff were responsive to people's health needs and visits from health professionals were recorded. Consent to care was sought in line with guidance. 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 were treated with dignity and care. People were given choice and supported to express their views and decisions. People's privacy and dignity were respected and promoted.

Most people's care plans were not consistently updated to reflect their changing needs. People's care plans recorded their likes, dislikes and preferences, however information about people's life history was limited. Staff were generally knowledgeable about people. Concerns and complaints were recorded and responded to appropriately. People were supported at the end of their life.

It was evident there had been a lack of robust oversight and governance at the home however the new interim manager had made preparations to improve the service. Governance frameworks had recently been put in place and staff were clear about their responsibilities. Surveys asking people, relatives and staff about

the care had been undertaken, however analysis had not taken place. Relatives, staff and professionals spoke positively about the current culture at the home. Regular meetings for people and relatives had recently been planned, regular staff meetings took place. The service had an action plan showing the planned improvements for the home although progress against some of these actions had not been undertaken as expected. There was evidence the home worked with other partner organisations.

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

Rating at last inspection

This is the first inspection for this new provider, registered 17 December 2018. The last rating for this service was inadequate (published 19 May 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norton Lees Hall and Lodge on our website at www.cqc.org.uk.

Why we inspected

The inspection was prompted in part due to concerns received about delayed improvement of care quality at the service. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to safe care and treatment, good governance, staffing and recruitment at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Norton Lees Hall and Lodge

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 team comprised two inspectors on the first day of our inspection and two inspectors and an assistant inspector on the second day.

Service and service type

Norton Lees Hall and Lodge 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 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. However the registered manager was not available during our inspection visits; an interim manager had been responsible for the home's management since mid-June and was available to support our inspection on the second day.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and two relatives. We spoke with the interim manager, the deputy manager, two senior staff members, three care assistants, and the cook. We spoke with three visiting health professionals. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff supervision and appraisal records and the action plan for the home.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were carried out and provided guidance for staff. However, these were not always consistently updated and staff were not always made aware of people's risks. We discussed this with the interim manager who made arrangements for updates to these risk assessments to be made.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment checks and maintenance records were not robust. Although checks were being undertaken the provider had not identified inconsistencies in recording. This meant the provider could not be certain appropriate checks had been made on all the equipment in the home. We brought this to the attention of the nominated individual on day one of our inspection and the interim manager on day two of our inspection who told us they would investigate. This is reported on further in the well-led domain.
- People and their relatives told us they had no concerns about safety at the service.
- Environmental checks were undertaken by the interim manager and any issues were addressed.

Staffing and recruitment

- None of the staff recruitment records we looked at had the appropriate checks undertaken before they commenced employment. For example, there was not a full record of the employment history of some staff and gaps in these had not been explored. This meant people may have been placed at risk of being supported by staff who were not suitable to work with vulnerable people.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and staff confirmed there were enough staff at all times.

Using medicines safely

- Medicines were administered safely, although we found some instances where medication administration records (MARs) for topical creams had not been updated when people had been administered these. We brought this to the attention of the deputy manager who arranged for these to be rectified.
- Competency checks were undertaken for staff responsible for administering medicines. Not all staff

administering medicines had received training before they started to administer medicines. This had been rectified by the interim manager.

Preventing and controlling infection

- There was not a robust procedure in place for cleaning slings. We found one sling which required cleaning. We brought this to the attention of the deputy manager who arranged for this to be cleaned immediately.
- The home was in a good state of repair and cleanliness. This is an important factor in good infection control practice.
- Staff had access to aprons and gloves when needed, for example, when providing personal care.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise and report any concerns and had received training to ensure they had the knowledge and confidence they needed to ensure people were always kept safe.
- Potential safeguarding incidents were identified and investigated. The provider had been working with the local authority to ensure actions were undertaken.

Learning lessons when things go wrong

- There were processes in place to enable the interim manager to identify and make changes which would prevent recurrence of incidents.
- Accidents and incidents records and complaints were reviewed to identify avoidable circumstances and to help identify trends.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received the training they needed to ensure people were supported safely. This meant people were placed at risk of being cared for by untrained staff. The provider had not taken steps to ensure appropriate training was completed by staff, this is reported on further in the well led domain.
- The interim manager was aware of which staff needed training and told us they expected all staff to receive mandatory training by the end of September 2019.
- Records showed, and staff confirmed, they had not received regular supervisions or appraisals. This meant the provider had failed to offer support to staff.

This is a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim manager had planned a programme of supervisions and appraisals.
- New staff and agency workers received a thorough induction. New staff were supported by more experienced staff members until their competency to support people had been assessed, however they had not completed all the training the provider deemed necessary to deliver safe care and support.
- The deputy manager arranged staffing rotas so that there was a mix of skills and experience across staff working on each shift.

Supporting people to eat and drink enough to maintain a balanced diet

- People's feedback about the food was very positive. The cook asked for feedback and people were able to make suggestions about menu choices. A relative said, "Food has improved, they have a choice in a morning, staff always tell me what [name of person]'s had, dinners are brilliant, they're very good, [name of person]'s eating stuff they've not eaten for years, they're offering biscuits, fruit in the summer, strawberries and grapes."
- People ate in a relaxed and sociable environment. Where people needed support to eat their meals this was given in a discrete and caring way.
- Where people were at risk because of unplanned weight loss this was monitored and action was taken to ensure they received appropriate support from healthcare professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service was reviewing all care plans to ensure information was organised and easily accessible. At the time of the inspection not all care plans had been reviewed; this meant information was not always up-to-date or easy to follow.
- People's needs and preferences were discussed and documented before they started receiving support from the service. This enabled the manager to make decisions about what they would need to do to meet these needs.
- Staff, including agency workers, knew people's preferences well, such as how they liked their tea and coffee, and what their favourite foods were.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were well-supported to access a range of health and social care professionals when they needed support to maintain their health and well-being.
- In addition to attending to urgent needs doctors and community nurses visited regularly and were positive about the support the service provided.

Adapting service, design, decoration to meet people's needs

- The home had signage to support people living with dementia who lived at the home.
- People who used aids for their mobility, such as wheelchairs and walking frames, had space to move around safely.

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. 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. 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.

- Systems were in place to ensure people's capacity to make decisions were assessed and appropriate support was put in place to enable decisions to be made in people's best interests when needed.
- There were systems in place to recognise when people needed a DoLS and applications were submitted in a timely manner.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 got on well with staff and our observations supported this. Staff showed genuine interest in people and chatted with them constantly, using appropriate humour where people initiated this.
- Staff used their knowledge about people to prompt them to reminisce and staff were able to chat with people about their family members and interests.
- A relative told us, "(Staff) are fantastic, still have a smile on their face. Really can't fault it, because with dementia care being so complex...When (people) are not well the care goes up a level."

Supporting people to express their views and be involved in making decisions about their care

- Care plans contained information about people's preferences and the ways in which they wished their care to be provided. The manager had identified this was not always very detailed and, as part of the review of all care plans in the home, had made arrangements for this information to be expanded.
- People and relatives confirmed they were involved in producing care plans and had been invited to, and had participated in, reviews. A relative said, "They have kept us informed and called us into a meeting. Yes, (I'm) involved in [name of person]'s care plans, they tell me when they're taking place."

Respecting and promoting people's privacy, dignity and independence

- Staff were discrete when discussing personal care needs with people and gave them time to understand and process information when speaking with them.
- Staff were patient when people did not understand and used alternative words to explain things rather than repeating the same words.
- Staff always asked people before providing any support or personal care, for example, one staff member observed someone was at risk of spilling their food and gently and discretely asked if they would like an apron to protect their clothes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

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

- Care plans had not been regularly reviewed, however the interim manager had started to undertake a review of all care plans in the home. People and relatives were involved in any care plan reviews that had taken place, where they wished to do so.
- Care plans were well-written and provided clear information about people's care needs, however these had not always been consistently updated. The interim manager had a plan to review and update all care plans in the home.
- A detailed handover had recently been implemented by the interim manager which provided staff with an opportunity to discuss people's care and share information.
- A relative told us, "Staff know [person's name] well. They do tend to put staff on the same floor so they know people well."

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.

- Care plans included information about people's communication needs.
- Information was available so staff knew how best to communicate with people.

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

- Although there was a programme of activities these were limited. The home had recently recruited an activities co-ordinator and at the time of the inspection another activities co-ordinator was undergoing pre-employment checks.
- Some people chose to spend time in their rooms. It was unclear whether they were supported to take part in hobbies or interests that were important to them.
- People told us about parties they had enjoyed at the home, as well as trips out to the local pub, park and other areas of interest.

Improving care quality in response to complaints or concerns

- Information about how to complain was prominently displayed in the home. The manager told us they

spoke to people and relatives about care quality and relatives confirmed this.

- Complaints, concerns and comments were logged and recorded. Action taken to resolve complaints and involve people in these were clearly documented.

End of life care and support

- People were supported to document their wishes for the kind of care and support they wanted when they reached the end of their lives.
- There were two people receiving end of life care during our inspection. The home had appropriately involved relevant health professionals and had provided a member of staff to sit with one person, where family members were unable to do so. The home monitored these people closely to ensure they received the right support at the right time.
- Relatives were complimentary about end of life care their loved ones had received.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems to measure, monitor and improve quality in the service were in place but not always robust as they did not identify the shortfalls we found during the inspection in relation to assessing and managing risk, equipment checks, safe staff recruitment and ensuring staff are suitably trained and supported. For example, the inventory of slings did not correspond to the sling check record.
- Regular checks concerning the day to day management of the home had only been recently implemented by the interim manager. This meant the provider had failed to ensure quality performance and risk mitigation measures were in place before the interim manager started working at the home. The nominated individual was unable to provide evidence of provider oversight during day one of our inspection and, despite assurances they would send this to us after inspection, has not provided this evidence.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim manager had a good knowledge of their regulatory responsibilities and had started to share this knowledge with the deputy manager.
- Staff told us they found the interim manager very approachable and had confidence in the changes they had implemented, which had improved the quality of care for people. A staff member said, "(We will) go forward, positive that this will happen, a lot of hard work has gone into this home (from) both staff and management. Relatives are happier, (people) definitely. Staff want to be here for these (people), it wasn't like that before."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had failed to develop and ensure consistent leadership until very recently. We were unable to establish whether the values developed by the interim manager would be sustained after they left.
- Relatives, staff and visiting professionals told us the culture of the home had changed and improved substantially in recent months, however we would need to be assured of a sustained improvement in the future.
- The interim manager had recently developed a system of improvements which supported person-centred

care and good outcomes for people.

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

- Incident records contained information about who had been informed and when. The provider was clear about their duty of candour responsibilities.
- Relatives confirmed they were now kept updated and said the interim manager had developed an open culture in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The interim manager had quickly engaged with people, relatives and staff. Good systems had been developed to ensure people, relatives and staff were consulted and encouraged to share their opinions and suggestions.
- Regular meetings had been planned to capture feedback. A 'you said, we did' board in reception identified two recent actions which had taken place as a result of suggestions.
- Staff confirmed they were encouraged to share ideas and suggestions.

Working in partnership with others

- The home had worked with the local authority, the local clinical commissioning group, NHS colleagues, GPs and community nurses to improve the quality of care at the home.
- The interim manager had sought training and other opportunities which enabled staff to learn about best practices.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk to people were not updated and shared with staff.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure appropriate governance systems were in place to monitor the quality of service provision and compliance with requirements.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure appropriate checks on the suitability of staff had taken place prior to staff starting work.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to provide appropriate training for staff. The provider had failed to provide appropriate support for staff through the provision of supervisions and appraisals.

