Country Court Care Homes Limited

Norwood Grange Care Home

Inspection report

Norwood Grange
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Sheffield
South Yorkshire
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Tel: 01142431039

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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

The inspection of Norwood Grange Care Home took place on 24 August 2016 and was unannounced. At the last inspection on 19 May 2014 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Norwood Grange Care Home, owned and managed by Country Court Care Homes Limited was purpose built to provide accommodation and care for up to 35 older people in single occupancy bedrooms. The service provided care for older people who were living with dementia and / or have mental health needs. At the time of the inspection there were 34 people that used the service. The property was a large extended house in its own grounds and had accommodation and facilities on two floors. There was car parking for eight cars to the front of the house and an enclosed secure garden to the rear.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post for the last two years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury or harm.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet people's needs and we saw that the staff named on the rosters were actually those that were on duty. Staffing levels were determined by careful and regular calculation of people's dependency levels using a dependency tool. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable and skilled to care for and support vulnerable people. We found that the management of medicines was safely carried out.

We saw that people were cared for and supported by qualified and competent staff that were regularly supervised and had their personal performance appraised. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected. Staff had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. The registered manager was able to explain how the service worked with other health and social care professionals and family members to ensure a decision was made in a person's best interests where they lacked capacity to

make their own decisions.

People received the nutrition and hydration they required to maintain their health and wellbeing. The premises were suitable for providing care to older people. Although the environment was not yet entirely dementia-friendly, it was half-way developed so as to meet the needs of those people that were living with dementia. More was yet to be done.

We found that people received compassionate care from kind staff. The staff were aware of and knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook care and support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible. This ensured people were respected, that they felt satisfied and were enabled to take as much control of their lives as possible.

We saw that people were supported according to their person-centred care plans, which reflected their needs well and were regularly reviewed. People had the opportunity to engage in some pastimes, activities and occupation in relation to 'life skills', which enabled them to keep busy, keep their minds stimulated and their life skills active. People had very good family connections and support networks.

We found that there was an effective complaint procedure in place and people were able to have their complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain healthy relationships together by frequent visits, telephone calls and sharing news about each other's lifestyles.

We saw that the service was well-led and people had the benefit of this because the culture and the management style of the service were positive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and communication.

People had opportunities to make their views known through direct discussion with the registered provider or the staff and through more formal complaint and quality monitoring formats. People were assured that recording systems used in the service protected their privacy and confidentiality, as records were well maintained and held securely in the premises.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their health and wellbeing. The premises were suitable for providing care to older people and those living with dementia. Efforts had already been made to develop the environment to be dementia-friendly, but more was still needed.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind staff. People were supplied with the information they needed and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked hard to maintain these.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed. They had the opportunity to engage in pastimes, activities and occupation to stimulate their minds and keep their skills going.

People were able to have their complaints investigated without bias and they were encouraged to maintain healthy relationships with family and friends.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service of care, where the culture and the management style of the service were positive and the checking of the quality of the service was effective.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely in the premises.

Norwood Grange 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Norwood Grange Care Home took place on 24 August 2016 and was unannounced. Two Adult Social Care inspectors carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Norwood House and reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people that used the service and six relatives. We spoke with the registered manager, the deputy manager, two care staff and the activities coordinator. We looked at care files for four people that used the service and at recruitment files and training records for three staff. We looked at records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people and staff by carrying out a Short Observational Framework for Inspection (SOFI) to see what interactions there were, particularly for people living with dementia. SOFI is an observational tool used to help us collect evidence about the experience of people who use services,

especially where people may not be able to fully describe this themselves because of cognitive or other problems. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Norwood Grange Care Home. They explained to us that they found staff to be "Honest and gentle." One person said, "I feel quite safe in the company and care of the staff" and a second person said, "Staff are very good, they would not harm any of us."

We found that the service had systems in place to manage safeguarding incidents, saw the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These corresponded with what we had been informed about by the service through formal notifications to us, which numbered nine safeguarding referrals in the year. This seemed a high number of referrals but it showed that, with a client group where incidents could often occur, the registered manager was keen to refer all situations to the local authority.

Staff were trained in safeguarding people from abuse and we saw evidence in staff training records of this. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. With systems in place and staff well trained in safeguarding adults this helped to ensure that people who used the service were protected from the risk of harm or abuse.

People had risk assessments in place to reduce their risk of harm from, for example, falls, poor positioning, moving around the premises, inadequate nutritional intake and the use of bed safety rails. This meant that any risks they faced in their daily lives were reduced.

The service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date. These included, for example, fire systems, electrical installations, gas appliances, hot water temperature at outlets, lifting equipment and the passenger lift. However, the passenger lift had broken down several times in the last few months and the latest report stated that it needed replacing. Staff said they had managed well for the short time it was out of action and those upstairs were provided with a temporary lounge area. The deputy manager agreed that the registered provider had been made fully aware that a new passenger lift was needed and plans were in place to address the situation.

We also saw people's personal safety documentation for evacuating them individually from the building in the event of a fire, which were a little too long and not in a one-page format. The registered manager agreed to review these in the coming days. There were contracts of maintenance in place for ensuring the premises and equipment were safe at all times. These safety measures and checks that were overseen by a conscientious, meticulous and careful handyperson meant that people were kept safe from the risks of harm or injury.

We saw that the service had a 'business continuity plan' in the event the service could not operate, but it was brief and did not provide information on where people would go if the service was out of commission. This meant there could be detrimental delays finding alternative accommodation for people in the event of an emergency.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. People and their relatives told us they thought there were enough staff to support them with their needs. One person that lived at Norwood Grange Care Home said, "There are plenty of staff around to look after us." Staff told us they covered shifts when necessary and had sufficient time to carry out their responsibilities and spend time chatting to people and facilitating pastimes or activities with them. They said that at times of staff shortage, which were rare, the shift could be a lot busier. They undertook to always ensure a minimum of one staff was based in the main lounge at all times to ensure people were supervised. On the day of our inspection we saw that there were sufficient staff on duty to meet people's needs.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. This checks if they have a criminal record that would bar them from working with vulnerable people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in all of the staff recruitment files we looked at. Files also contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

We looked at how medicines were managed within the service and checked a selection of medication administration record (MAR) charts. We saw that medicines were obtained in a timely way so that people did not run out of them, that they were stored safely, and that medicines were administered on time, recorded correctly and disposed of appropriately. We saw that there were controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) and that these were also managed safely.

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for the simple administration of measured doses given at specific times. We found that systems used in relation to recording medicine administration were effective and accurately maintained.

We asked people for their views about the arrangements for managing and handing their medicines they said, "I'm given my tablets daily and that suits me fine" and "The staff look after my medication, I don't want to be troubled with it."

We found that the service was clean and comfortable for people, but there were some unpleasant odours in the main lounge on first entering and in one of the bedrooms that people occupied. The registered manager was informed about this and cleaning staff were instructed to clean carpets at the earliest opportunity. One bedroom that had an unpleasant odour was being considered for alternative floor covering, but this, we were told, needed to be with the consent of the person that used the service and their family, as initially their consent had not been given.

Good

Is the service effective?

Our findings

People told us they felt the staff at Norwood Grange Care Home knew about their needs and understood them well. They said staff had the knowledge to care for them. Relatives we spoke with said, "The staff are trained to care for people with dementia and come across as skilled workers. They are always doing different training courses" and "Staff know how best to interact with people that are living with dementia and are clearly trained in the use of lifting hoists and other equipment."

We saw that the registered provider had systems in place to ensure staff had a detailed induction, which followed the Care Certificate and involved a week at a sister-service completing essential training, before spending six weeks working alongside staff during which time they were competence assessed. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Systems were also in place to ensure staff received the training, regular updates and the experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files to evidence the training courses and qualifications they had completed.

Staff told us they had completed inductions and mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. Staff confirmed in discussion with us the training they had completed and told us about how they updated their knowledge and skills. Staff also confirmed, and we saw evidence in their files, that they had received regular supervision and took part in an appraisal scheme. All of this was recorded.

Communication within the service was good between the management team, the staff, people that used the service and their relatives. Methods used included daily diary notes, information booklets, memos, daily handovers, telephone conversations, meetings and reviews, notices and face-to-face discussions. An element of communication that enabled the service to run smoothly and in an organised fashion was the daily setting and sharing of responsibilities among the staff team. Staff were allocated to work with people that used the service on a daily basis, having responsibility for their safety, all their care needs and the state of their bedrooms (cleanliness and tidiness). This enabled the registered manager to monitor staff performance more easily and ensured staff were accountable for their share of the workload and for ensuring people's needs were met.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called 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 were being met.

Most people had DoLS in place and this was particularly in relation to the restrictions on people from leaving the premises unaccompanied. There were 'restrictive practice assessments' in place for everyone (internal assessments on why and how a person may need to be restricted in their daily life), which explained that they 'lived behind locked doors' and were therefore only restricted within the framework of the DoLS legislation.

We saw that people consented to care and support from staff by either verbalising their consent or by conforming to staff when asked to accompany them and by accepting the support they offered. The consent forms in people's files had been signed by people or relatives to give permission for, for example, photographs to be taken, care plans to be implemented or medication to be handled on their behalf.

People had their nutritional needs met by the service because people had been consulted about their likes and dislikes, allergies and medical diets and the service sought the advice of a Speech and Language Therapist (SALT) when needed. The service provided three nutritional meals a day plus snacks and drinks for anyone that requested them, particularly at supper time. Meals were contracted in from an external catering company, were portion controlled and required heating to the correct temperature by the catering staff. There were nutritional risk assessments in place to monitor weight loss and gain and especially where people had difficulty swallowing or where they needed support to eat and drink.

When we asked them about the food quality people told us they had mixed views. They said, "The food is good. I have a curry now and then, which is something I like", "We get home-made soup each day at teatime with sandwiches, which is all very nice, but could be changed once in a while to give us a change, like some fresh ham instead of tinned, if you see what I mean? But there is always plenty of food and I eat all of what I get" and "The food is okay, but could be better. I'd like to have more condiments, as they come in measured sachets. What's wrong with a bottle of sauce or vinegar on the table?"

The menu was on display on a large wipe-board in the lounge for people to see what was on offer. There was a choice alternative for people and a staff member asked them what they wanted from the menu each day. We saw this taking place. Staff expressed that the changes in catering (contracted meals from a catering company) did not allow for any flexibility with meal provision, though the catering staff took pride in how meals were presented. One staff said they had noticed another change in food provision: fewer cakes now between meals and more biscuits. People did not comment on this. Staff said the registered manager arranged for other extras now and again so people did not go without the requests they made for different and specific foods.

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and reviewed with changes in their conditions. We were told by staff that people could see their GP on request and that the services of the District Nurse, chiropodist, dentist and optician were obtained whenever necessary.

A person that used the service told us, "We all see the doctor every Tuesday, which is really good because we know we can speak up about and be seen with any problems. If we need to see the doctor in the meantime they would be contacted for us." Health care records held in people's files confirmed when they had seen a professional, the reason why and what the instruction or outcome was. We saw that diary notes recorded when people had been assisted with the health care that had been suggested for them, for example, visits

from the district nurse or occupational therapist.

Environment incorporates design and building layout, colour schemes, textures, experience, light, sound and smell. We discussed this with the registered manager and they agreed that staff at the service needed to look more carefully at the needs of people living with dementia and that a recent move had been made to do this. For those people who were living with dementia, almost all of the group, we found that there were some aspect of the service that were suitable for them in respect of orientation and layout.

The lounges and dining area were interconnected and people could walk through these without being stopped, this area was secure, but also had a secure outdoor space to encourage activity and occupation outdoors when the weather was warmer. Resources were available for suitable activities and occupation, which are detailed in the section below: 'Is the service responsive'.

There could have been more improvement in the signage, contrasting decoration for easier recognition of bedrooms and fewer patterns on carpets and decoration to enhance the quality of life for those living with dementia, to improve on the already partially dementia-friendly environment. Some handrails and door frames were already painted in contrasting colours and carpets in bedrooms were already suitably plain to meet the needs of people living with dementia. The registered manager said that future replacement of carpets in communal areas would take into consideration the needs of people living with dementia.

We saw no examples of people not finding their way around the premises because of inadequate signage, but this may have been due to the fact that people remained in the lounge / dining area in the main and only left there when accompanied by staff, rather than having free access to all of the property.

The registered manager was signposted to the excellent information that can be found in research undertaken by various universities, leaders in dementia care and reputable sources, which look at reducing the incidence of agitation and behaviour that may be challenging to a service, to encourage meaningful activities, increase feelings of wellbeing, decrease falls and accidents and improve continence and mobility.

Good

Is the service caring?

Our findings

People told us they got on very well with staff and each other. They said, "She's nice and he's nice (pointing to staff members), but there is just one person I don't speak too much to (pointing to a person that used the service). I am happy here and wouldn't want to move", "I find the staff are very kind and look after me well" and "Everyone here is lovely, I enjoy being here with people and they seem to like me." Relatives we spoke with said the service was really good. They said, "The care is really good here and it is person-centred. I always get to know from staff how my [relative] is doing. The staff are always busy but they are busy interacting with people" and "Staff present as being very patient with people and care about people's welfare. Staff brought my [relative] home from a hospital appointment one day because they faced a two hour wait for transport to bring them back and that would have upset them."

We saw that staff had a pleasant manner when they approached people and always related to them on a personal level and at eye level. By this we mean that staff bent down to speak with people and did not stand over them. This enabled people to feel included, equal and free from any pressure to perform or behave in a certain way. Staff used hand holding and sometimes face stroking to gain people's attention or to rouse them from drowsy states.

Some of the staff had been employed at Norwood Grange Care Home for several years so they knew some of the people well. Staff were personable and compassionate when they approached people to assist them with their needs. One relative said, "Staff also care about [relative's] spouse when they visit and will take the time to see they get home safely afterwards, which is really caring of them."

The management team led by example and were polite, attentive and informative in their approach to people that used the service and their relatives. Management and staff gave the sense that people and their relatives were important and part of one large 'family' where other people cared about them. This gave people and relatives a sense of belonging and alleviated any anxieties.

Discussion with the staff revealed that all of the people living at Norwood Grange Care Home had diverse needs in respect of at least one of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. Two of these were age and disability due to living with dementia. We were also told that some people had religious needs but these were adequately provided for within people's own family and spiritual circles. Age and disability characteristics were carefully considered by staff when they provided care and support to people and staff ensured they treated people fairly at all times. We saw no evidence to suggest that anyone that used the service was discriminated against.

We saw that everyone had the same opportunities in the service to receive the support they required, were spoken to by staff in the same polite way and yet were treated as people with individual needs. People were offered information when appropriate and there was plenty of information posted on notice boards and pin boards for people and relatives to view. One relative told us they had been made very welcome when they happened to call unexpectedly to look around the service. Another relative said they had visited once in the

evening and that, "My [relative's] bedroom curtains were closed, their light was on, bedcovers turned back and their nightclothes were waiting on the bed. I thought that was a really nice touch by the staff."

We saw that people who used the service had their general well-being considered and monitored by the staff who knew what incidents or happenings would upset their mental health, or affect their physical ability, health and general demeanour.

People were supported to engage in pastimes and occupations they undertook in younger life, which meant they were able to 'keep a hold on' some aspects of the lifestyle they used to lead. For example, we saw two people assist with sweeping the dining area after meals. There was opportunity to fold and hang up washing or iron clothes (using a cold iron). These occupations helped people to feel they had purpose and were valued and so aided their overall wellbeing.

One person said, "I like to help when I can and sweeping is one of the easiest ways", while another said, "It can be hard work, but someone has to do it." Another person was seen to be given responsibility for a life-like baby (doll), which was a strategy used in doll therapy to alleviate a person's anxiety. Staff explained this calmed them when they were anxious. We found that people were experiencing a good level of well-being and demonstrated a general positivity in mood most of the time. Staff played a positive part in this by observing when people were in need of rest, activity or their mood lifting.

While we were told by staff that no person living at Norwood Grange Care Home was without relatives or friends to represent them, we were told that advocacy services were available if required. (Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.) Information was provided on the resident notice boards in the entrance hall.

People told us their privacy, dignity and independence were always respected by staff. We saw that staff only provided personal care in people's bedrooms or bathrooms, knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter or exit. This was so that people were never seen in an undignified state. Staff showed great regard for people's privacy and demonstrated their understanding of its importance.

We saw that people wore items of jewellery and their 'nicest' clothes so that they felt a sense of pride when in the company of others. Gentlemen were clean shaven if that was what they wished and everyone generally maintained their own standards of dress.

We were told about a 'Care Award' scheme which the organisation implemented and which related to staff performance throughout the year. The awards included those for the staff member that showed greatest respect for people's dignity, championed dementia care, was an 'unsung hero' or was a 'lovable hero'. It also included an award for the staff member that was voted by the people that used the service as the most caring staff member. This recognised staff commitment to their roles and lifted staff morale which in turn meant that people were cared for by a more conscientious workforce and therefore had their needs met promptly and effectively.

The registered provider supplied funds for awards and the service coordinator arranged an award ceremony where relatives attended as well as people that used the service. This was a great morale boost for the staff.

Good

Is the service responsive?

Our findings

People we spoke with felt their needs were appropriately met. They were interested in each other, talked in small groups and interacted well with each other and staff. They said they liked being at Norwood Grange Care Home, enjoyed each other's company and had their needs appropriately met. Arrangements for meeting people's individual needs were recorded within people's care plans. Relatives we spoke with told us they thought people's needs were met very well. They said, "When my [relative] first came here, which was not that long ago, the staff pro-actively kept me informed over the settling in period as to how [relative] was doing, and I was impressed when within a few days my [relative's] new GP phoned to speak with me about their needs."

We looked at four care files for people that used the service. They contained pre-admission assessments, consent forms, diary notes, personal details forms, personal preference forms and details of aspirations, wishes on death, dependency profiles and monitoring charts. They also contained personal risk assessment forms to show how risk to people would be reduced, for example, with pressure relief, falls, moving and handling, nutrition and bathing.

We found that the care plans reflected the needs that people presented. They were organised, uniform in content and recorded when all care needs had been evaluated. Care plans were person-centred and contained information under several and relevant areas of need, which aided staff on how best to meet people's individual needs. Care plans and risk assessments were reviewed monthly or as people's needs changed.

There were activities held in-house with the activities coordinator and staff. Staff had plenty of resources available to assist with activities for those people living with dementia; these included fake money to reassure people they were not without funds, specialist life-like doll / baby for encouraging people to have responsibility and someone to demonstrate affection towards and sets of keys, again to reassure people, but this time reassure them that they were in control of their home security.

We saw people being supported by staff to complete activities and individual occupation and there were items around the premises that encouraged people to keep busy. A dedicated activities co-ordinator was employed five days a week by the service and was assisted by one of the people that used the service to supervise knitting and craft sessions. The person that used the service who helped facilitate activities wore a uniform of the same colour as the activities coordinator so that everyone knew they were a team. It also gave the person that used the service a sense of purpose. Activities we saw included, for example, a staff member viewing a photograph album with one person and asking them questions about each picture, a large table top-game of noughts and crosses being played and several people reading the daily newspaper.

People told us they joined in with various pastimes. One person said, "We play plenty of indoor games like table tennis, I even won a medal for winning in a league." Another person said, "I wish I could do more of the activities but my poor mobility won't let me." One relative we spoke with said, "[Name] has been as bright as a button since they came here. They are going out on a trip in early September. They used to play

a lot of golf in their day, so are still active, but they can get involved with all sorts here."

We saw items in place for several pastimes, including board games, brooms, wash baskets full of clothes and non-electric irons for household chores, magazines, newspapers, puzzle books and reminiscence reference books. The activities coordinator maintained records in an activities and wellbeing file of where people went, what they did and how successful their activity was. They explained to us that they and other staff visited a weekly reminiscence club in the community and took a different six or seven people with them each time, travelling on a local community bus. They also ensured people celebrated birthdays and the Olympics in 2016 by having a different indoor sport event / competition every day during the games. One person showed me the medals they had won.

We saw that the service used equipment (lifting hoists) for assisting people to move around the premises and that this was used effectively. Staff understood that people had their own hoist slings to avoid cross infection and these were stored separately. One person was helped to transfer using their walking aid, another to transfer using a lifting hoist and each time staff assisted them staff remained personable and gave clear instructions on what was happening at each stage. People were assessed for the use of equipment and there were risk assessments in place to ensure no one used any of the aids incorrectly.

Other equipment used in the service was in relation to safety mats (protection against falls from beds), sensor mats (to alert staff that a person was up and mobile), bed safety rails and key pad locking systems on doors (to ensure people did not leave the building unsupervised). There were slide sheets and supporting belts. Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, but not unless people wanted them and where necessary, they had been risk assessed. Equipment was monitored regularly to ensure its continued relevance and necessity.

Staff in the service ensured people were not isolated by encouraging them to move out of their bedrooms and mix with other people in the lounge and dining room. One visitor we spoke with explained their relative had become more sociable since their admission to Norwood Grange Care Home, as at home they were isolated and did not take any pride in their appearance. We observed the lounge and dining room being used by almost everyone that lived at Norwood Grange Care Home. One or two people preferred to remain in their bedrooms, but these people were visited on occasion by staff to check they were okay and did not require anything.

Staff told us that it was important to provide people choice in their lives and encourage them to make decisions for themselves, so that they could remain as autonomous as possible and stay in control of their lives. People chose from two alternatives on the daily menu and if they changed their mind the cook usually catered for them. People chose where they sat, who with, when they got out of bed or went to bed, what they wore each day and whether or not they went out or joined in with entertainment and activities. People's needs and choices were therefore respected.

We saw that the service had a complaint policy and procedure prominently displayed in the entrance hall and records showed that complaints and concerns were handled within timescales. People we spoke with told us they knew how to complain. They said, "If I were ever unhappy about anything I would just open my mouth and say so" and "We can pretty much do as we like, but of course if someone behaved silly or badly then we would speak up about it." Relatives we spoke with told us they would go straight to the registered manager if they had any concerns or complaints.

Staff we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. We saw that the service had handled three complaints in the last year and complainants had been given written details of explanations and solutions following investigation.

Compliments were also recorded in the form of notes and comments in a compliments file, which also contained printed extracts from the Norwood Grange Facebook page. There were many positive comments about the family atmosphere, the caring approach from staff and the pleasure people got from the trips out, for example.

Good

Is the service well-led?

Our findings

People told us they felt the service had a pleasant, family orientated atmosphere and that they enjoyed the activity and liveliness. Staff we spoke with said the culture of the service was, "Not peaceful, but definitely happy and busy" and "Pleasant, open and positive."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been registered for the last two years.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009. However, there were three safeguarding referrals that had been made to the local authority that had been notified to us in an alternative format: injury notifications. We held a discussion with the registered manager who undertook to ensure all safeguarding referrals were notified to us on the correct notification document. Others had been notified to us using safeguarding notifications.

We found that the management style of the registered manager and senior staff was open and approachable. Staff told us they could express concerns or ideas any time and that they felt these were discussed and seriously considered. Ideas would also be trialled if appropriate and of benefit to people that used the service. Relatives said, "I find the manager to be very helpful" and "The manager and deputy are approachable and listen to my views and suggestions."

The staff and people that used the service maintained links with the local community through the church, schools, colleges and visiting local stores and cafes. Relatives played an important role in helping people to keep in touch with the community by taking people out shopping or to external activities. Staff and relatives helped to raise funds to support these. One staff had completed a sponsored sky dive, while one relative had secured a grant to equip the sensory garden.

The service had written visions and values and a 'statement of purpose' and 'service user guide' that it kept up-to-date (documents explaining what the service offered). These also contained the aims and objectives of the service. Staff were able to relate the values of the service, as they said they were clearly written in their contractual terms and conditions of employment. Staff described the values as respectful, caring and politeness.

The registered manager told us they kept up to date with best practice and legislation, and particularly in the area of dementia care, via updates from the organisation's dementia care lead, and following an 'Enriched Dementia and Meaningful Opportunities' programme, which included training for staff and the introduction of new working practices. They also subscribed to care publications, health and safety updates from the organisation and other bodies and sharing good practice across the organisation in general. They

told us they disseminated key information about best practice and any legislative changes to staff in team meetings.

We were told that some staff were 'Dementia Friends' (an Alzheimer's Society initiative to encourage carers and the public in general to learn a little bit more about what it's like to live with dementia and then turn that understanding into action). The organisation had a dedicated 'dementia lead worker' at its head office and there was an appointed 'head of dementia' care worker in the service. This meant that staff had accessible resources and advice on dementia care, which helped them to provide good care to people living with dementia.

Norwood Grange Care Home was registered with the Care Quality Commission and under Country Court Care Homes Limited in September 2013. It has not had any changes in its registration conditions since that time. However, we found there was a discrepancy with the Companies House registered address and the CQC registered address for the organisation. We asked the registered manager to raise this with the registered provider and look into which of the addresses needed to be changed.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals. The quality assurance system was used effectively to show evidence of good monitoring and follow-ups with action taken.

Staff told us that audits were completed on various areas and included all aspects of people's care needs and support as well as the environment and safety of the premises. A general home audit, a medication audit and a care plan audit were carried out early August 2016, and plans were put in place to attend to shortfalls.

Satisfaction surveys had last been issued in June 2016 in respect of food provision, social activity, cleanliness of the service, laundry and care, but they were issued each month in respect of other and different areas to make comments on. Analysis of information collected was in the form of a quality report, titled 'What your surveys told us'. This was issued to relatives each month and at year end.

Relatives meetings were held and minutes were kept, which meant that relatives could contribute to ideas and views about proposed change in service delivery or the upgrading of the environment, for example. We saw minutes for a meeting held in June 2016. Residents' meetings were also held and we saw minutes of meetings held in January and March 2016 where topics of discussion were new staff, food, trips out, gardening / exercise activities and pets.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.