Anchor Trust

Norton House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 11 and 12 November 2014 and was unannounced. At our last inspection in December 2013 the service was meeting all the regulations we looked at.

Norton House provides accommodation and personal care for up to 40 older people. There is long-term accommodation for 30 people and a respite and re-enablement service for up to 10 people on the second floor of the home. This is for people who have been discharged from acute services for a period of re-enablement in preparation for returning home or being referred for long term care. People normally spend about eight weeks on this unit before moving on.

There was a registered manager in post who assisted us throughout the two days of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe and secure at the home and safe with the staff who supported them. One person told us, “They take great care of me.”

We asked one person how they were getting on at the home and they told us, “I’m flourishing.”

The registered manager took appropriate action where people had concerns about their safety.

The management and staff at the home had identified and highlighted potential risks to people’s safety and had thought out and recorded how these risks could be minimised.

People told us that staff were kind and compassionate towards them and listened to what they had to say. One person commented, “They really are first rate.” A relative told us, “Staff treat mum with dignity, honesty and integrity. I am very pleased.”

The respite and re-enablement service, provided on the second floor of the home, required some improvements. People using this service told us they were unclear about how long they should be in the unit and why they were there. The rooms in the unit were not up to the same standard as other rooms in the home and looked sparse.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and we observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person’s consent before they went ahead. People told us that the staff did not do anything they didn’t want them to do.

People were very positive about the food provided. We saw that people were offered choices and alternatives if they wanted. People said that the chef consulted them about their likes and dislikes and that regular food surveys and tasting sessions were conducted. People’s comments about the food included, “They’re always asking me what I want to eat,” “The cook is excellent” and “I’ve got no complaints about the food.”

People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians.

People said staff were able to spend time with them, getting to know them and how they were feeling and we observed staff sitting and chatting to people. One person commented, “We have well spent time together.”

People we spoke with were positive about the registered manager and management of the home and confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe and people told us they felt safe at the home and with the staff who supported them.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Risks to people's safety where identified by the staff and manager and measures put in place to reduce these risks as far as possible.

Good

Is the service effective?

The service was effective and people were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and told us they would not presume a person could not make their own decisions about their care and treatment.

People told us they enjoyed the food and the chef was aware of any special diets people required either as a result of a clinical need or a cultural requirement.

Good

Is the service caring?

The service was caring and people told us the staff treated them with compassion and kindness.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Good

Is the service responsive?

The service was responsive however, there were improvements required on the respite and re-enablement unit which was not operating at the same standard as the rest of the home.

We saw that people could go out of the home for social activities either on their own or with a staff member if they needed support.

People told us they were confident their concerns would be taken seriously, however people were not always clear who they could talk to if they had any concerns.

Requires Improvement

Summary of findings

Is the service well-led?

Good

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Norton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two inspectors, a specialist advisor 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. The specialist advisor was a qualified nurse and helped us to check care planning and medicines.

Before our inspection we reviewed information we have about the provider, including notifications of abuse and incidents affecting the safety and wellbeing of people.

We met and spoke with 16 people who used the service and four relatives and friends of people using the service so they could give their views about the home.

We spoke with 12 staff as well as the registered manager, deputy manager and the regional manager.

We met with two healthcare professionals who were visiting Norton House on the day of the inspection and we asked for their views about the home.

We looked at 15 people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff and relatives meeting minutes as well as health and safety documents and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe and secure at the home and safe with the staff who supported them. One person told us, "They take great care of me." We asked another person if they felt safe and they replied, "Yes very safe. Staff are very nice and they look after me."

One person, who had recently moved into the home, told us about some concerns they had with a particular staff member. We asked the registered manager to investigate this and on the second day of the inspection the registered manager told us they had spoken with the individual and reassured them that they were looking into their concerns. We saw that appropriate action had been taken by the registered manager which included notifying the local safeguarding authority.

Staff could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received regular training in safeguarding adults as well as equality and inclusion. They understood that racism or ageism were forms of abuse and gave us examples of how they valued and supported people's differences. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. "Whistle-blowing" means that the organisation protects and supports staff to raise any issues or concerns they have about the service. Staff were also aware that they could report any concerns to outside organisations such as the police or the local authority.

The care plans we reviewed included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST), used to assess people with a history of weight loss or poor appetite. Pressure ulcer risk assessments included the use of the Waterlow Scoring tool. These were risk assessment tools recommended by the National Institute of Clinical and Healthcare Excellence (NICE). We saw that these risk assessments were being reviewed on a regular basis and information updated as needed. We also saw that people were being involved in developing and reviewing their own risk assessments.

We saw that risk assessments regarding the safety and security of the premises were up to date and being reviewed at regular intervals. These included the fire risk assessment, water temperature checks of wash hand basins (to reduce the risk of scalding) and Legionella checks.

People and their relatives said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance. Staff did not raise any concerns with us about staffing levels at the home. We observed staff over the two days of the inspection and saw that, although staff were busy, they were not rushing and were able to spend some time with people.

Two people commented that there sometimes were not enough staff at night. We discussed this with the registered manager who told us she would carry out a review of staffing at night and would be matching staff numbers based on people's most recent dependency levels. We spoke with one person who told us they did not use the call bell as they thought this should only be used in an emergency. We explained to the person that they should use the call bell whenever they needed assistance. We asked the registered manager to make sure everyone in the home knew when to use the call bell.

We checked staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the home. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. Staff told us that they were not allowed to work until the service had received their criminal record checks and references.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately. All medicines were safely stored in a locked drug trolley. Controlled drugs were appropriately stored in the controlled drug cupboard within a locked room.

We checked medicine administration records (MAR) and found all medicines administered had been recorded and each entry had been signed appropriately. One person we were talking about medicines with told us, "They know my medication. I am safe in this place. Everyone is nice."

Good

Is the service safe?

The visiting GP reviewed medicines and prescribed as required. We saw that they had recently visited to administer the influenza vaccination to a number of people. The district nurse also prescribed topical medicines and dressings as required.

All staff said they had had access to the medicines policy and procedures and had been given regular refresher courses on the safe management of medicines although only a number of designated staff actually administered medicines.

We were told and saw that designated members of staff had carried out regular checks to make sure medicines had been administered and recorded appropriately.

Good

Is the service effective?

Our findings

People were very positive about the staff. One person commented, "I appreciate what they do. They're wonderful." A relative told us, "It seems to me to be a very open environment where people are very keen to provide the right care."

Staff told us that the organisation provided a good level of training in the areas they needed in order to support people effectively. One member of staff told us, "Everyone is well trained here. Training is very regular." Staff told us about recent training they had undertaken including safeguarding adults, falls awareness, mental capacity and moving and handling. We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required.

Care records showed that care staff had good written communication skills and could effectively describe the care given and the person's well-being on a day to day basis.

Staff confirmed they received regular supervision from their line manager. They told us this was a good opportunity to discuss how their work was going and look at any improvements they could make. Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation's philosophy of care.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and told us they would not presume a person could not make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do. However the issue of capacity was not always being accurately recorded in people's care plans and we saw blanket statements about people's capacity rather than being based on specific decisions they needed to make. We raised this with the registered manager who told us that care plans would be amended to ensure that people's capacity would be reviewed and recorded for individual decisions they needed to make.

The registered manager told us that only a small number of people had some form of dementia or other cognitive impairment and no one had any behaviours that challenged. They confirmed that there were no locked doors in the home and only one person had recently wanted to leave. As this person was not able to leave the home safely the registered manager had applied to the local authority for a Deprivation of Liberty Safeguard (DoLS) authorisation. This meant that the person's wish to leave the home would be monitored and reviewed on a regular basis to ensure the home continued to work in that person's best interests.

People were very positive about the food provided. We saw that people were offered choices and alternatives if they wanted. People said that the chef consulted them about their likes and dislikes and that regular food surveys were conducted. People's comments about the food included, "They're always asking me what I want to eat," "The cook is excellent" and "I've got no complaints about the food." A relative told us, "I tasted the soup and it was very good."

The chef was aware of any special diets people required either as a result of a clinical need or a cultural requirement.

We observed people having their lunch, which was unhurried. We observed staff were respectful and assisted each person who needed help with their meals. People were assisted in a dignified way and we noted people had been offered a selection of soft drinks at mealtimes and in between meals.

We saw records of people's daily food and fluid intake, which had been filled in correctly. Staff told us that these records had been kept for people who had poor appetite and who had weight loss. The care plans we checked showed regular risk assessments using MUST to monitor people's nutritional needs. Each unit had a kitchenette where we saw people were able to make a cup of tea whenever they wanted.

People with swallowing difficulties had previously been referred to the speech and language therapist (SALT) for assessment. This was evidenced in their case files.

Good

Is the service effective?

In people's care plans we saw evidence of people being seen by other healthcare professionals, including speech and language therapists, physiotherapists and dieticians when required.

People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians. The local GP visited the home every week. A relative we spoke with expressed some concerns about access to nursing care in the home. However, the home is not registered to provide nursing care and a district nurse visited the home on a regular basis to look after people's clinical needs such as changing people's dressings.

Good

Is the service caring?

Our findings

People told us that staff were kind and compassionate towards them and listened to what they had to say. One person commented, “They really are first rate.” A relative told us, “Staff treat mum with dignity, honesty and integrity. I am very pleased.” One person we spoke with had some concerns about night staff and how they treated her. We spoke with the registered manager about this and we saw that they had taken appropriate action to address this issue.

Staff told us they enjoyed supporting people and we observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people’s diversity was important and something that needed to be upheld and valued. They gave us examples of how they respected peoples’ diverse needs and demonstrated a good understanding of peoples’ likes and dislikes and their life history.

People said staff were able to spend time with them, getting to know them and how they were feeling and we observed staff sitting and chatting to people. One person commented, “We have well spent time together.”

We observed staff respecting people’s privacy through knocking on people’s bedroom doors before entering and by asking about any care needs in a quiet manner and without being overheard by anyone else.

Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

Requires Improvement

Is the service responsive?

Our findings

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. We saw that people were involved in their care planning and on going reviews of their care. One person told us, "Every month staff talk to me about what I need." A relative commented, "Management are good though and they do listen. In fact, we have a review meeting today to talk about my mums needs."

We spoke with one person on the respite unit who was concerned about the length of time they were staying there. As this person did not have any close relatives we asked if an advocacy service was available to assist the person and help speak on their behalf. The registered manager told us there used to be an advocacy service however when this closed they had not found an alternative. The Social Care Institute for Excellence (SCIE) makes a number of recommendations in relation to access to independent advocacy services for older people. We discussed this with the registered manager who told us she would make sure an advocacy service was available to people who used the service.

Three other people we spoke with on the respite and re-enablement unit also had concerns about the lengths and reason for their stay. People told us they did not know why they were at the home or why they could not go home. One person told us, "I don't know why I'm still here." We saw that some people had been in the unit far longer than the expected eight weeks. We noted that the people we spoke with had some degree of memory impairment and therefore may not have been able to remember information about their stay. However, this issue was not addressed in their care plan in order to minimise their concerns.

We spoke with the registered manager about people's concerns and she told us there were a number of reasons that people could not go home from the unit. These reasons included lack of alternative accommodation and unrealistic expectations that people could manage on their own. However difficult these reasons were to explain to people a lack of any explanation or appropriate reassurance was having a negative effect on people's well-being as we observed a number of people become agitated when talking about these issues.

We also noted that the bedrooms on the respite and re-enablement unit were quite bare in contrast to other bedrooms in the home. A relative we spoke with about the respite and re-enablement unit commented, "The rooms are a bit sparse."

The service employed an activity coordinator and we saw people playing dominoes and listening to music in the morning of the inspection. We saw that people using the service were engaged in various activities throughout the two days of the inspection. We saw that these activities were having a positive effect on peoples' well-being. The activity coordinator explained that group activities usually took place in the morning and one to one activities took place in the afternoon with those people who did not want to join in with group activities. One person told us about a dance competition that had recently took place and how much they had enjoyed this. We saw that people could go out of the home for social activities either on their own or with a staff member if they needed support.

We asked people what they would do if they had any concerns or complaints. Eleven of the 16 people we spoke with said they had no concerns but they would either talk to a member of staff or their relative if they did. They told us that they were confident that their concerns would be taken seriously and this was evidenced in the record of complaints we looked at.

The record of complaints was detailed and included the investigations and outcomes related to each and every complaint. The registered manager told us that complaints were discussed in her supervision sessions with the district manager to identify any possible patterns or learning.

Four people we spoke with were unclear how to make a complaint and told us about their concerns. The registered manager told us that she visited every floor when she was on duty and asked people how they were. People confirmed this and one person commented, "Always in the morning she comes and talks." We discussed the four people's concerns with the registered manager who told us that she would be more proactive in asking people if they had any complaints or concerns.

We recommend that the provider follows current best practice guidance and look to source a local advocacy service which should be available to everyone in the home.

Requires Improvement

Is the service responsive?

We recommend that the organisation reviews the respite and re-enablement service, taking into account current best practice guidance.

Good

Is the service well-led?

Our findings

People using the service, their relatives and friends were positive about the registered manager. One person we spoke with told us that the registered manager was, “a very, very caring person.” It was clear from discussion with the registered manager that she had a detailed knowledge about all the people in the home.

Staff were very positive about the registered manager and other managers in the home. One staff member told us, “They come and help us, very hands on and always visible. We work together.”

Another staff member said, “The manager is always there to guide us.” They told us that the management had an open culture and they did not worry about raising any concerns. Staff were also aware of the other ways they could raise concerns including use of the “whistle-blowing” procedure.

There were regular staff meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff also told us about a regular staff listening event called “Have your say.” Staff told us that they were aware of the organisation’s vision and values and all the staff we asked were able to tell us what the vision and values were.

The service had a number of quality monitoring systems including a yearly questionnaire for people using the service, their relatives and other stakeholders. We saw minutes of regular meetings and records of monthly quality audits which were undertaken by the district manager. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

The service had developed an on going “service improvement plan” where specific actions were developed from the various quality monitoring systems in place at the home. We saw that this document was being regularly updated when suggested improvements had been actioned or when new suggestions for improvements had been made. It was evident from discussions with the registered manager and the district manager that they were open to suggestions and keen to look at ways of improving the service.