# Norbury Hall Residential Care Home Limited

# Norbury Hall

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This unannounced inspection took place on 25 and 26 January 2017. The service was last inspected on16 January 2015, at which the service met all the regulations.

Norbury Hall is a residential care home that provides support and personal care for up to 81 older people. It is set in a landscaped park. One section of the home is an older large Grade ll listed building with 40 bedrooms. A new purpose built extension with an additional 41 en-suite bedrooms was recently completed. Accommodation within the home includes bedrooms on the ground, the first and second floors. There are two passenger lifts to enable people access all floors. At the time of our inspection 36 people were living at the service, one person was in hospital.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The home had appropriate safeguarding policies and procedures in place, with detailed instructions on how to report any safeguarding concerns to the local authority. Staff were all trained in safeguarding vulnerable adults and had a good knowledge and understanding of how to identify if people were at risk of abuse and knew what to do in these circumstances. People told us they felt safe and were treated with dignity and respect. Staff recruitment showed some shortfalls in procedures which the manager acknowledged and addressed promptly.

We saw the home had systems in place for the safe storage, administration and recording of medicines. Each person's medicine was stored securely and only senior competent staff were authorised to administer medicines. During the inspection all medicine records we observed had been filled out correctly and medicine audits were completed to ensure medicine procedures were robust. The manager was introducing changes to medicine policies and procedures that included annual competency assessments.

Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. We checked whether the service was working within the principles of the MCA. We found that the provider had followed the requirements in DoLS authorisations and related assessments and decisions had been appropriately taken.

Staff reported positively about the training available. We saw all the staff had completed an induction programme and on-going training was provided to ensure skills and knowledge were kept up to date. We observed positive and appropriate interactions between the staff and people who used the service. Staff were caring and treated people with kindness, dignity and respect. People who used the service and their relatives were complimentary about staff and the quality and the standard of care received. There were nominated dedicated dignity champions within the staff team. Events that promoted qualities such as

dignity included "Dignity Teas" Relatives spoke of feeling reassured that their family members were respected and had their dignity promoted.

People's nutritional needs were monitored and appropriate actions taken where required. People made positive comments about the food. Preferences and dietary needs were being met. People were supported to maintain good health and had access to appropriate healthcare services. There were two dedicated doctors for people and a weekly GP surgery was held at the home. People with nursing needs and requiring insulin or wound care were seen by the district nurses, referrals were made promptly to the community team when a nursing need was identified. Family members confirmed that their relatives were seen regularly by doctors and district nurse as well as other healthcare professionals such as community psychiatric nurses.

Communication was excellent among the staff team, handovers were thorough. If a person was unwell staff made sure information was shared with their colleagues to make them aware of the changes. Staff made sure they monitored closely the person's progress, giving any additional support the person required. Relatives were kept informed about their family member's wellbeing.

The home employed activity coordinators and this had a positive impact on the quality of life people experienced. People enjoyed the variety and frequency of activities available, the activity schedule catered for all interests and abilities and included involvement from external agencies who provided massage and music therapy. For people with dementia pet and doll therapies were used effectively to encourage engagement with people.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed on a weekly and monthly basis and covered a wide range of areas including medication, care files, infection control and the overall provision of care.

Relatives we spoke with made positive comments about the care their family members had received and about the staff working at the service. The service demonstrated it retained minimum staffing levels and the manager and provider kept staffing levels under review. Our observations during the inspection told us people's needs were being met in a timely manner by staff. People told us staff responded to their call for assistance when they used their call bells.

The provider had a complaints process in place. One relative said, "They listen to you in the home. We can always rely on the manager getting back in touch when we have a query." Resident and relatives meetings were held at the service and the service produced a regular newsletter. This meant people and their relatives or representatives were kept informed about information relevant to them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe. There were some shortfalls in recruitment procedures that were addressed promptly by the manager.

People were protected from individual risks to keep them safe. Management plans were recorded along with actions identified to reduce those risks, such as the provision of pressure relieving equipment, falls mats. Falls and incidents were monitored to reduce the likelihood of harm to people.

Staff were trained in safeguarding procedures and knew how to report concerns.

Medicines were stored, handled and administered safely by staff who had received training and their competency assessed.

### Is the service effective?

**Good**

The service was effective.
People were supported to maintain good health and with access to appropriate healthcare services.

People at risk of poor nutrition and dehydration were identified and were supported appropriately as required. People's dietary needs and preferences were known, they were offered a choice of suitably nutritious meals.

Staff received regular training and development as well as support to enable them to carry out their roles successfully.

Staff had knowledge of the Mental Capacity Act (MCA 2015) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care arrangements.

### Is the service caring?

**Good**

The service was caring.

People found that staff were caring, kind and respectful. Staff had team members trained as "Dignity Champions," they

ensured that people's dignity and right to privacy was maintained, particularly when they received care.

People who were approaching the end of their life were consulted on arrangements if their conditions deteriorated; they received compassionate and supportive care.

People's personal information was held confidentially.

Relatives were encouraged to visit their family members and staff were warm and welcoming to visitors.

## Is the service responsive?

Good

The service was responsive.

Individual needs were assessed and care plans developed in response to these. Care plans were reviewed regularly and care arrangements were tailored in response to any change in people's needs.

The service promoted people's wellbeing by providing a range of stimulating activities which people enjoyed, they used therapies that helped to engage people.

The provider had a complaints process in place that people found helpful.

## Is the service well-led?

Good

The service was well-led.

The manager was experienced and participated in research projects that could lead to more enhanced care for older people with dementia. There were regular checks and audits completed by the provider and manager to assess and improve the quality of the service provided.

People knew they could speak with the manager if they had any concerns, in the absence of the manager there was a deputy manager in charge.

Staff made positive comments about the staff team working at the service. Staff meetings took place to review the quality of service provided and to identify where any improvements could be made.

# Norbury Hall

**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.

This inspection took place on 25 and 26 January 2017, day one was unannounced.

The inspection team included one inspector, an inspection manager, a specialist clinical 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.

As part of this inspection we reviewed the information we held about the service, including the last inspection report and the provider's information return (PIR). A PIR is a form that we ask providers to complete that tells us about the operation of the service, what they do to meet people's needs and any proposed improvement plans.

Some of the people at the home were living with dementia and were not fully able to tell us their views and experiences. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the care and support people received in the lounge, and in the dining room.

We met all the people living in the home, 36 people were present. We talked to 15 people using the service, six people (relatives) who were visiting and another relative who asked to speak to us on the telephone. We spoke in depth with the manager and the two deputy managers, five care staff, two activities coordinators, two housekeeping staff and the hairdresser. We spoke with four health professionals involved with the care of people in the home. They included a GP, two community psychiatric nurses and a community matron; one visiting social worker also spoke with us.

We reviewed the care records for eight people residing in the home; we looked at records and audits relating to the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

Most people spoken to said they felt the home was a safe place to be. Comments received included, "I feel quite happy here as it is homely" and "Yes, I feel safe" and "I think there are enough staff working here but sometimes it would be good to have more." Relatives spoken with felt their family members were in a safe place. A person visiting said, "I feel that my relative is safe but I would prefer less staff changes."

When we examined staff records we found some shortfalls in that safe recruitment processes were not consistently completed. Staff completed an application form prior to their employment and provided information about their employment history and proof of identity. Management received confirmation of the suitability of the person from Disclosure and Barring Service [DBS]. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. On two of the six staff files we found that written previous employment or character references had not been obtained by the service for staff. The manager had confirmed via telephone discussions with referees about the candidate's suitability. However we found the follow up written references requested had not been received. The manager immediately sent a second request by e mail to the referees while we were present. We received a copy of both references for our records. The manager subsequently completed a full audit of staff files to identify and address any gaps in recruitment records.

Relatives gave mixed views regarding the staffing levels at the service, the majority of people and relatives did not express any concerns about the staff levels whilst a small number felt it could be improved at night. The manager had endeavoured to retain staff and ensure that staffing was more consistent so that people could get used to being supported by the same staff. For example short term absences were covered by either their own staff or agency staff familiar with the home. One relative told us this was beginning to have a real benefit for people. The manager had kept staffing levels under review. For example we saw that when a person needed an escort to hospital appointments and relatives were not available, additional staff were engaged to carry out this duty. The manager shared with us plans for staffing in the newly developed extension; this would consider the layout of the premises. We as well as the local authority had received anonymous calls about staffing levels being insufficient at the home in recent months. Follow up investigation visits were made by the safeguarding lead, the concerns were not substantiated. Staff spoken with did not raise any concerns regarding the staffing levels at the home. Our observations during the inspection told us that people's needs were being met in a timely manner and we did not note any lengthy wait for a call bell to be responded to.

The provider had appropriate arrangements to identify and respond to the risk of abuse. There were appropriate policies in place for safeguarding and staff had received training. Staff understood their duties in relation to reporting suspected or actual abuse. They explained how they reported concerns internally to senior management or to external agencies such as the Care Quality Commission (CQC) or the local safeguarding team. Staff were confident that concerns would be acted upon by the management team. Staff comments included: "I really appreciate the training we get around all aspects of safety," and "The manager makes sure that we all undertake training with regards to keeping people safe."

The service had undertaken an assessment of the risks associated with people's care and risk management plans had been completed when needed. For example, within people's records we saw that risk assessments had been completed in relation to people's risk of falls, nutrition and skin breakdown. Where a risk was identified there was a plan completed that showed staff how to manage the identified risk. We observed there was always a member of staff present for supporting people in the lounge.

Although the service is not registered for nursing care some people had needs that were met by district nursing services. Records showed us and staff told us that care staff followed the home's protocols in informing and making referrals to district nurses for people receiving insulin and those receiving wound care, and for essential equipment such as pressure relieving mattresses. Staff told us referrals processes for community district nursing services did not always work as well they would like and this sometimes resulted in unnecessary delays to people receiving the nursing care required. The community matron told of meetings they held with the manager (monthly where possible) to try and resolve the issues and overcome the barriers presented. Nursing notes were maintained within their own folder and held in the office. Care staff had access to these. Care records were satisfactory, in one person's care plan there was clear guidance for staff on what do if the person was getting agitated. We spoke with the person's community psychiatric nurse who visited frequently and liaised well with staff. They reported positively on the approach of staff and the positive benefit this had for the person. The CPN stated, "Staff approach is calm and patient, they listen to advice and know how to positively manage episodes of behaviour that maybe challenging."

People and relatives spoken with did not have any concerns regarding the cleanliness of the service. One relative commented, "The furniture may look worn but home is spotless; the cleaning team are very diligent." Hand sanitisers and paper towel were available in toilet areas. During our visit we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service.

The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored to identify any trends and prevent recurrences where possible. The home had procedures in place which aimed to keep people safe and provide continuity of care in the event of an unexpected emergency such as a fire or boiler breakdown. We saw confirmation there were arrangements in place to test and service essential equipment such as lifts, call bells and hoists. Staff had been trained in how to use the equipment people needed. There were also a range of checks completed of the fire system.

Good

# Is the service effective?

## Our findings

People told us they felt they received effective care from staff. People's relatives were also complimentary of staff. One person we spoke with said, "I like it here, I like the people." Another person said, "The staff are very responsible, they know what they are doing." People's relatives were also complimentary of staff. One person visiting said, "If my relative is unwell, staff will always call the GP."

The manager told us they had made changes to training provision and were now using a new provider for staff training. They found this to be more satisfactory. Staff records and staff themselves told us they received training relevant to their role. All new staff received a full induction for the first two weeks, and completed mandatory training in this period. During the probationary period observations and competency assessments were completed to ensure staff were suitable for the role. The training and development programme covered a range of areas including the following: moving and handling, care planning, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards(DoLS), fire safety and infection control, dignity in care, dementia. Staff also attended person centred care planning- nutritional care, monitoring weight. Some training was by e learning. Additional training was provided by local authority in areas such as dignity in care. Although there was no training matrix in use we saw that the manager used a process for monitoring staff training to ensure this was kept up to date. Staff attended team meetings and had supervision and support to carry out their roles effectively. The manager had developed and introduced a more detailed supervision form based upon based around the Care Certificate and planned to make this a more frequent event.

Daily records were maintained by staff in which their observations and notes about people's general health and wellbeing were recorded. Where staff had concerns about a person's health and wellbeing we noted this was raised with a senior member of staff promptly so that they could seek assistance from the appropriate healthcare professional such as the GP or district nurse. People's individual records contained information about all their scheduled healthcare and medical appointments and staff ensured people attended these when needed. We also noted the manager had worked hard to improve communication with other agencies. They had developed information in a format which people could take with them in the event they needed to go to hospital so that hospital staff had information about them and their health and prescribed medicines.

There was involvement from other professionals such as doctors, district nurses, tissue viability nurses and speech and language practitioners, optician, dentist. There were two dedicated GPs. Most people were registered on the first week of admission with the GP practice, there was a weekly surgery held at the home. The GP service was reported as "excellent" by people, relatives and staff. Staff said the doctor came out promptly when called to see a "patient." We witnessed this when we were present; the GP was called and came promptly to review the needs of someone who was unwell. The relative of a person gave us glowing reports and examples of the all-round care their parent received both from staff and from the GP service. They said, "Could not fault it at all." We asked a relative about the access to external healthcare professionals the person in the service had. They said, "The GP service is terrific, very committed doctors and it's nice for us to have a contact." Another person's family member spoke positively of the home staff but

told of a negative experience for their relative due to reliance on local community nursing services that appeared overstretched. We talked to a GP who reported, "No problems with this service. There is a good approach to the management of residents at Norbury Hall; staff try to get good involvement with community nurses." We spoke with the community matron who shared with us some of the obstacles encountered in the service, they were having meetings with the manager to help improve working relationships and improve the service people experienced. The manager informed us that seven people were receiving services from the district nurse. We looked at provision for promoting individual's health care. We reviewed records maintained by nurses of wound care and of medicines administered such as insulin. Care staff had access to these nursing records.

We looked at the homes records of care. We saw that referrals were made via fax and followed up via telephone. We were told by staff that they encountered more problems at weekends when making a new referral for district nursing services.

We spoke with two community psychiatric nurses involved with people in the home. We saw that they had attended the service regularly and met people under their care. They reported positively on staff following guidance and advice given to positively support people that were challenging. They praised the laid back calm approach of staff that had very positive impacts for people. They told of an excellent working relationship they had with the manager and staff.

Meal times were protected and routines such as medicine administration were not done when people were taking their meals. A notice was displayed to help ensure that any external services did not interrupt unnecessarily people's mealtime experiences. People could choose to eat their meals in the dining room, in the lounge or in their room. We observed people enjoying their meals on both days, they appeared hot and nourishing. One person commented how much they enjoyed the hot casserole on a cold winter's day. The majority of people spoken with made positive comments about the quality of the food at the service. Their comments included: "I like the food here," and "There is plenty to choose from and they alter things to suit me." Relatives spoken with made positive comments about the quality of the food and how staff encouraged and supported people to eat. Their comments included, "Mother was frail and had lost weight at home, she has put weight on since moving to the home," and "Staff always makes sure my relative eats her food, they are great with her."

There was a weekly menu in place; this was reflective of individual choices and cultural preference. There was a process in place to obtain people's preferences when they first moved to the home and this was shared with the chef. In discussions we found staff were aware of people who needed a specialised diet. Nutritional assessments were completed by staff, and people at risk of poor nutrition or dehydration were identified. We saw that staff took appropriate action and referred people to the GP so that they could be seen by the dietician or the SALT (speech and language team). Guidance provided by dieticians and health professionals were included in care plans. For example one person had some difficulty with swallowing, the member of the SALT team had recommended that food was mashed up and noted foods to be avoided. A member of staff displayed their knowledge of this person's dietary requirements. This told us that people's preferences and dietary needs were being met. Where people had fluid and food charts these were accurately maintained.

On both days of the inspection we observed the arrangements in place at mealtimes. We saw there was a fairly relaxed environment whilst staff were serving lunch in the dining room on the ground floor. People were supported to be seated comfortable in chairs at the dining tables and had drinks served before the meal was served. Some people chose to have their meal in the lounge and others had it in their own bedrooms. During the meal one person called out loudly in the lounge, we observed staff supporting the

person and engaging with them so they became calmer. We saw that people who remained in their rooms and need assistance at mealtime were being appropriately supported.

The Mental Capacity Act (MCA) 2005 is an act which applies to people who are unable to make all or some decisions for themselves. It promotes and safeguards decision-making within a legal framework. The MCA states that every adult must be assumed to have capacity to make decisions unless proved otherwise. It also states that an assessment of capacity should be undertaken prior to any decisions being made about care or treatment. Any decisions taken or any decision made on behalf of a person who lacks capacity must be in their best interests and as least restrictive as possible. During the inspection we observed staff explaining their actions to people and gaining consent. Care records and people told us that before people received any care or support they were asked for their consent and staff acted in accordance with their wishes. Two of people we spoke with said staff were polite and always asked permission and explained things well before offering support and carrying out any personal care. Written consent was seen on the care record that demonstrated where the person had agreed to the care plan developed with staff. Where the person was unable to agree we saw that family members were involved in discussions and best interest meetings. The relative of a person with dementia told us staff kept the family fully informed and included them in discussions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The provider had policies and procedures in relation to the MCA and DoLS. Mental Capacity assessments were completed for people on admission and reviewed regularly thereafter. The manager was aware of the need to and had submitted applications to the DoLS supervisory body who are the responsible body to consider and authorise where they deem it necessary that any restrictions in place are in the best interests of the person. The manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. We spoke with a local authority assessors and an interpreter who were present on day two of the inspection. We found the provider was complying with the conditions applied to the authorisations.

In the older premises which is Grade 2 listed we noticed there were variable temperature particularly in the lounges on the ground floor, some areas were very warm but some communal areas were colder at different times of the day despite additional heaters being. We shared this feedback with the provider so they could take appropriate action. The provider is aware of this and makes provisions with additional heaters in areas that loose more heat. The provider cannot structurally change the premises or install double glazed windows as this is an English heritage building,

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently. The layout of the premises namely the older section of the home was not dementia friendly but it offered numerous areas for people to wander freely and chat that were safe, there was a library and a number of lounges, we observed a safe lobby by the staircase where people liked to sit and talk, plus a dining area that people used. The provider had involved a consultant in the design and

layout of the new section of the home and used taps and doors as recommended. The provider said they would take on board any recommendations made by the consultant on making the environment more dementia friendly.

Good

# Is the service caring?

## Our findings

People spoken with made positive comments about the staff and told us they were treated with dignity and respect. Their comments included: "I am happy here, even though I would like to go home" and "Everyone is very pleasant towards me," "My family come whenever they want, the staff will always make sure they are welcome," "The staff always knock on my door and keep a really close eye on me."

We saw people could choose where to spend their time. People told us they could choose to get up and go to bed when they wanted. Records were made of individual preferences on admission, we saw that details were made of what the person liked and disliked, times for getting up and sleep patterns. One person commented: "I can choose what I want to do, I can decide if I want to spend time in my room or go to the lounge." Another person said, "I do like the company and enjoy speaking to staff and the manager when my relatives are not around." We saw that the activities person and a volunteer were with the person later playing dominoes in their bedroom, a hobby they enjoyed. Another person told us staff assisted them with personal care daily and bathing every week. They said they expressed their preferences on admission and had a regular carer of the same gender as requested.

We saw that people were at ease and were confident with staff. We observed positive engagement and a range of interactions between people and staff throughout both days of our inspection. Staff were patient and gentle and explained to people what was happening so that they were not alarmed by the use of equipment. We saw they were respectful and kind and spoke to people in a reassuring way. Staff were trained in practices that promoted dignity and respect; the home had eight carers who were dignity champions. The home held functions such as "Dignity Teas" to spread the message to people on promoting dignity. Staff encouraged people to make choices about what they wanted to do and gave people the time they needed to decide. Staff response to our questions showed they knew people well, as a result we saw they could tell quickly recognise from body language and actions what people needed or wanted. Staff were able to describe people's individual needs, hobbies and interests, life history, people's likes and dislikes.

People appeared reassured and at ease and comfortable in the presence of staff. When people became upset staff acted appropriately to ease people's distress or discomfort. For example one person wanted their e cigarette and went outside despite the very cold day. We observed staff checked on them regularly to make sure they were okay and warm. After some time the person felt better and was then encouraged to take part in a group activity in the lounge, which they did. Relatives made positive comments about staff. Their comments included: "My family member gets up late and goes to bed early, that is their normal routine for many years," "The staff are really kind and caring, they go above and beyond what is needed,"

Staff talked fondly of the people they cared for. One staff member said "I enjoy my work, the residents are great and so are the staff team". Another staff member told us, "I want to be able to provide people with the best care possible and would love to have more time for doing this". Staff had a good knowledge of promoting dignity and respect, they gave examples of closing doors and curtains, giving people choice such as the clothes and shoes people wanted to wear and the food they wanted to eat. Another carer gave a good example of choice, they said, "One person likes to dress sporty we help them dress in the clothes they like,"

they went on to say how they encouraged this person's independence with personal care by just helping when they needed it when they were washing or shaving.

The home had end of life care arrangements in place to ensure people had a comfortable and dignified death. The home was working in partnership with St Christopher's Hospice to improve End of Life Care. A facilitator from St Christopher's team provided the manager and staff with specialist training on advanced care planning and staff continued to develop their competencies in this area. The manager and staff told of the important aspects such as the sensitive approach needed when supporting people to make decisions about their preferences at the end of their life. Care records showed where people chose to spend their final days in the home and not be admitted to hospital. In addition they were able to specify their preferred arrangements including who should be contacted and involved, and the type of service and funeral they wished to have, so that people had a choice about what happened to them. People's decisions about this were recorded on their records so that in the event of their death staff had the information they needed to ensure their final wishes would be respected. The manager was the palliative care link for the service. During the inspection the community palliative care team delivered "Crisis Boxes". These contained items such as essential pain relieving drug and were stored in the appropriate cabinet for district nurses to administer.

Good

# Is the service responsive?

## Our findings

People and their relatives commented positively on the care provided and told us their needs were met. Relatives commented that they felt consulted and involved during care planning and we reviewed records that supported these comments. We heard from relatives of shortfalls experienced in other services. One visiting relative commended the manager and staff for the "good work" they had done with their family member when they returned home unwell.

Staff demonstrated a good awareness of the support needs of people living at the home, including those living with dementia. Care records contained up to date information on individual needs and these were reviewed monthly or more frequently as required. They knew how each person preferred to receive care and support; which people needed to be encouraged to eat and drink; the support each person needed with their continence; and when people liked to get up and go to bed. Some bedrooms were personalised with their photographs, pictures and other possessions.

Peoples received care and treatment that was responsive to their needs. Before anyone was admitted to the service the manager or deputy manager undertook an assessment to determine if the person's needs could be met in the home. People's needs were reviewed regularly thereafter. We saw from care records that occasions arose when needs assessments did not always reflect the complex care needs of person before they were admitted. The manager felt this was due to a lack of essential information being shared by professionals and relatives on the initial assessment. The manager shared with us times when they could not fully met the person's needs in residential care, and they had needed to move to a home that offered nursing care.  The manager told that lessons were learned and that pre admission assessments were now much more comprehensive as a result.

Care plans contained sufficient information to know what the person's care needs were and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences, additional information such as known allergies. Care plans were in place for routines such as, social interaction, health care, nutrition and hydration and mobility. A social worker told us, "A person we placed is very well cared for and settled at Norbury Hall, the staff  are well able to support them. They have a good approach which works well for the person."

Where risks had been identified there were management and support plans for staff to follow to ensure consistent and safe care was delivered. People told us they had choice over their daily routines and staff knew about and respected their preferences and the way they liked their care and support to be given. Staff practice observed showed the service responded to individual needs. At lunchtime staff were seen encouraging people from the lounge to the dining room. One person said, "Please let me stay here I am nice and comfortable". Staff gave the person a small table and brought lunch to them. Another staff member was walking with a resident to the dining room they were a bit unsteady but the staff member was encouraging and reassuring saying "slowly, slowly" while supporting them.

Communication among staff was excellent; staff shared detailed Information about each person at change

of shift. We saw that the written handovers identified those whose conditions were of concern and that needed closer monitoring and observations. Staff were able to demonstrate their knowledge of the people needing closer monitoring, care records also reflected they had followed the care plan and heeded the guidance. One person's care records confirmed the person was deteriorating and had expressed their wish to spend their final days in the home. Staff were vigilant and made sure the person was kept comfortable, we observed they paid attention to promoting good oral hygiene and ensured the person was kept hydrated. A relative came to visit. They praised staff for the quality of care and support they gave to their family member.

People told us and us saw examples that demonstrated staff summoned external healthcare professionals promptly as and when required. We met a GP who was called earlier in the day to see one of their patients who was unwell. The GP spoke positively of the competence and commitment of staff at providing the care people needed and of calling promptly when a doctor was required. We met the relative of a person who was becoming increasingly frail. They told us that the vigilance of staff in monitoring the person's condition gave the whole family great reassurance. They said, "We find staff are highly responsive, when our relative became unwell staff recognised this and called the GP out to see them, they ways let us know what is happening too."

The service had made significant progress in providing more appropriately for the social care needs of people. The home had a range of activities available for people to participate in if they wished. A newsletter was produced and this informed people and families about events and forthcoming activities. The programme of activities included group activities and one to one stimulation. The activities ranged from soft ball play to singing and dance sessions. Doll and pet therapy, singing and reading stories were some of the methods used to successfully engage people with dementia. People and relatives made positive comments about the activities provided. Their comments included: "Pet therapy is wonderful for promoting a person's positive wellbeing, I love my time patting the dog," "My relative is encouraged to join in the leisure activities, if they want to remain in their bedroom staff come in for one to one support." Another relative said, "Two activity coordinators are employed and are so dedicated at what they do; they work so hard to make the activities work for everyone." People told us they liked having animals around, the activity coordinator took their dogs along for people to pat. One member of staff told us how they delivered person centred care; they knew the things that were important to the person and made sure these were what they experienced. We saw information was gathered and shared with staff, there were pictures and information about the person's likes and interests such as, "I love going singing, dancing and giving lots of hugs. I also love dogs." Another person's information said, "I enjoy my own company please knock on my door before entering my room. I enjoy a cup of hot milk or water every morning. I like the deputy manager to take me to the barbers." People told us how much they enjoyed the activities. One person said, "Staff take me out on shopping trips which I like."

All the relatives spoken with told us they were satisfied with the quality of care their family member had been provided and felt fully involved. Their comments included: "My elderly family member sees the GP regularly," "Whenever our parent is off colour staff keep a close eye on them and have it checked with the doctor if things are not getting better" and "Staff are very good at letting us know if there is a problem with my relative's health."

People and relatives told us that concerns and complaints were taken seriously, explored thoroughly and responded to in good time. Relatives comments included; "I will complain when I need, I have done a few times. I have always been satisfied with the outcome," "My relative is happy here, but I would go to the manager if I have any concerns. We have in the past and things got dealt with." One person's relative shared with us they felt there was room for further improvement in the complaints process.

Good

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was an experienced manager who focused on staff development and improving the quality of care people experienced. The manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. The majority of health and social care professionals spoke positively of working relationships with the manager and staff and how they resulted in positive outcomes for people. The manager was enthusiastic about promoting best practices and in learning innovative ways of improving the quality of life for people. They were participating with a university researching dementia care, their current project was in EPCC (Enhancing Person Centred Care).The home had developed good links with local resident's associations; they held tea parties and barbeques at the home to which they invited residents of the local community. The manager told us they liked to empower people and enable them to feel in control and make their own decisions. Some of the actions they took to do this were seen. They had purchased a post box for the hallway to encourage and facilitate people to remain in touch with relatives and friends.

Relatives (two) told us they had some concerns about staff turnover but could not fault staff compassion and commitment. One person visiting said, "Staff are very friendly and welcoming." All care staff spoken with felt that the home was well-led and gave them good opportunities for training, one member of staff had worked in the home for five years. One carer told us, "Yes, I really enjoy working here; the registered manager and the deputy are visible on the floor." The views of a small number of staff were that they would like to feel more valued and this could contribute to improved staff retention. One staff member said to us they felt under scrutiny and said, "Management are too visible, it seems like they are always watching us." One of the relatives visiting told us, "The management are very focused. The manager will always deal with things quickly. She shows integrity and I would recommend her as a good role model for any care establishment." Another person visiting said, "I am really pleased, the manager is doing all they can for my relative, they have now settled and are feeling secure and stable."

Records confirmed and staff told us team meetings were held for staff. Senior staff met with management monthly. Arrangements were in place for staff available to participate and attend the meetings, and to ensure they ran effectively. We reviewed records of staff meetings, we saw that minutes had been taken and action plans generated.

The home used a range of systems to assess the quality of the service; this included the inclusion of the views of people using the service and their relatives by sending out, 'surveys and questionnaires'. The manager told us that the surveys were sent out each year and were designed to look at people's view on the home's quality of care, response to complaints, people's satisfaction with the décor, the attitude and approachability of staff, as well as asking for feedback on what they could do better and what people would

like to see and do. We looked at a selection of resident and relative questionnaires and noted the majority of responses indicated people were happy with the service provided. We saw that the home received good reviews on the website as well as a range of compliments and thank you letters. The relative of a person who had spent time in the home wrote, "I was impressed with the excellent care and attention my sibling received from staff over their many years at Norbury Hall." Regular quarterly meetings were also held with people and their relatives in order to receive feedback on performance and discuss any issues or concerns. Feedback about what the service had done was recorded and we also saw the points had been actioned and implemented.

The manager was responsible for carrying out audits and analysing areas such as falls, accidents/incidents and safeguarding alerts. The registered manager was competent at identifying any trends and themes that may require further follow up or investigation.

The home had recently built an extension with an additional unit of 41en-suite bedrooms, lounges and treatment rooms. The manager completed a range of audits covering the home maintenance and service provision. Audits were carried out looking at lighting, general maintenance, cleanliness and condition of furniture and equipment. Domestic and environmental audits were also completed to ensure walls, floors, furnishings throughout the home were in good condition, clean and free from stains. All audits contained action points along with information about what had been done to address any issues. We saw a recent steam clean had taken place in the lounge, and records confirmed that new armchairs had been ordered for the lounge, the manager had also ordered a new carpet for the entrance hall which was due to be fitted as the major refurbishment was completed.