Oldfield Residential Care Ltd

Norton Grange Nursing & Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 16 November 2016 and was unannounced. Norton Grange Nursing and Residential Home provides care and accommodation to a maximum of 27 older people. On the day of our inspection there were 24 people who lived at the home. The home provides care and nursing support to older people and people who live with dementia.

The service was last inspected on 4 and 5 December 2015. At that inspection we found there were four breaches in the legal requirements and Regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These breaches were in relation to the care and treatment people received. People did not experience person centred care and their emotional and social needs were not met. Risk assessments did not clearly inform staff how to minimise a person's risks and were not always carried out in accordance with the Mental Capacity Act. Staff had not followed the most up to date nutrition and hydration assessments for each person, and people did not have a choice of meals. Medicines were not always managed safely. There were not enough suitably trained and knowledgeable staff to meet people's needs, and staff had not received supervision and training to help them undertake their roles effectively. Some staff recruitment practice was not robust.

Since our last inspection the manager 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 2008 and associated Regulations about how the service is run.

At this inspection on 16 November 2016, we checked that improvements had been made. We found sufficient action had been taken in response to the breaches in Regulation, but there were still some areas where improvements were needed.

Staff were more responsive to the individual needs of people in the way they communicated with people, but there were still not enough daily activities which met people's individual interests or needs.

There were usually enough staff to keep people safe, however the home continued to need to use agency staff to ensure there were sufficient staff to meet people's complex needs. The registered manager tried to ensure the same agency staff were used to cover gaps in the rota. Sometimes the gaps in the rota were not met at the week-end. This meant staff could not be responsive to people's needs at all times.

The registered manager had notified us of incidents which affected the safety of people who lived at the home, but did not know how many people who lived at the home had a Deprivation of Liberty Safeguard in place, and had not, as required, notified us of those who did.

The provider had not undertaken their regulatory responsibility of publishing their last CQC rating on their website. People and their relatives had not, when looking at their website over the last year, been provided with an opportunity to find out what the issues were in the home.

The registered manager and deputy manager worked well together to support the home. Since our last visit, the provider's regional manager had provided regular support to the registered manager, and the commissioners of the service had supported the provider to improve service provision.

Staff were caring and supportive to people and respected their dignity and privacy. Good relationships had been formed between people and staff. Visitors were welcomed at the home during the day and evening.

Since our last inspection, staff had received improved training and support in their roles to keep people safe and to provide effective care. Staff recruitment practice had improved and now minimised the risks of employing unsuitable staff.

Staff understanding of the individual risks associated with each person's care and risk assessments had improved. Appropriate risk assessments been carried out to support staff in reducing the associated risks related to a person's care. The management of medicines had improved and were now managed safely.

People's health care needs had been met by the nurses on duty and through timely referrals to other healthcare professionals.

Since our last inspection, people now had a choice of meals, and staff knew which people had specific dietary needs and how to meet those needs safely.

The management team were keen to continue to improve the service provided to people who lived at Norton Grange.

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.

There were enough staff on duty to keep people safe. Staff understood the risks related to people's care and ensured risks were minimised. Staff recruitment procedures reduced the risks of employing unsuitable staff and medicines were managed safely. The premises and equipment were safe for people to use.

Is the service effective?

Good

The service was effective.

Staff had received enough training and support to provide effective care to people, and to understand the needs of people they supported. Staff worked to the principles of the Mental Capacity Act, and ensured people who had capacity consented to any care and treatment provided. People received a choice of meals which they enjoyed. People's health care needs were met in a timely way.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate, and showed respect to people. Staff supported people to maintain their dignity and privacy. Visitors were welcomed at any time.

Is the service responsive?

Requires Improvement

The service was mostly responsive.

Staff knew the needs of people who lived at the home and did their best to provide for this. However, there still were not enough daily activities to support people's interests or hobbies. The use of agency staff, and gaps in the rota meant at times staff were not always able to respond well to people's individual needs. Formal complaints were responded to appropriately, and people were given opportunities to say what their views were of the service.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

The provider and registered manager had not always met the requirements of the regulations in relation to notifications and publication of the ratings.
The provider had received regular support to improve the service from the commissioners of the service. Management at the home was now consistent, and the home no longer breached any regulations. The deputy and manager worked well together and were keen to continue improving the service provided to people.

Norton Grange Nursing & Residential 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 took place on 16 November 2016 and was unannounced. Two inspectors conducted this inspection.

We looked at the 'Report of Actions' the provider sent to us after our last inspection. This detailed the actions the provider was taking to improve the service.

We also looked at the information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. The commissioners told us they had been visiting the home regularly over the last year to support the home in making improvements.

We spoke with three people who lived at the home, one relative of a person, and 11 staff members. These included care workers, senior care workers, nurses, and the cook. We also spoke with the deputy manager and the registered manager.

A number of people who lived at the home, lived with dementia and were unable to share their experiences of the care and support provided. We therefore spent time observing care in the lounges and other communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed four people's care plans to see how their care and support was planned and delivered, and we looked at the medicine administration records of five people. We also looked at seven supplementary records related to people's care, and three recruitment records. We looked at checks management took to be assured that people received a good quality service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Norton Grange. One person said, "I am safe here because they [Staff] are here to help me."

At our previous inspection in December 2015, the provider had breached Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. This was because some staff supported people unsafely when they moved them. One person, who was unable to consent to their care and treatment, had their liberty restricted by having a table placed in front of them so they could not get up. This was because of the risk of them falling. There was no accurate risk assessment to inform staff of their risk of falling and how staff could minimise the risk, and no adherence to the principles of the mental capacity act which was to look at the least restrictive option to keep people safe

We asked the provider to take action to ensure staff moved people safely, to improve risk assessments and staff adherence to the mental capacity act, and to improve medicine administration. In response they sent us an action plan outlining how they would make improvements.

During this inspection visit we saw no poor moving and handling techniques, and since our last visit, staff had received comprehensive training on moving people safely. Whilst people did not have individual slings to support them when they were hoisted, staff understood the sizes and types of slings people needed to use to keep them safe.

Risk assessments for all people who lived at the home at the time of our last visit, had been re-written to ensure staff knew people's risks and how to minimise them. The risk assessments of people new to the home also provided staff with up to date and accurate information about what people's risks were. For example, one person could become agitated and display behaviour that was challenging to other people and staff. The assessment recorded the possible triggers for the person's behaviour and gave clear instructions for staff about how to keep the person and themselves safe if the person became agitated. A member of staff told us the process of keeping abreast of risks, they said, "If we see something which we think is a risk, for example someone struggling to eat and that they may choke, we go straight to the nurse and ask for a referral to SALT (Speech and Language Therapy)."

As well as looking at risk assessments, staff used 'handover' meetings at the beginning of their shift to find out if there had been any changes to a person's health and well-being they needed to be aware of. One staff member said, "Any risk is documented in the resident's care plan. Nurses pass all the information to us during handover. This is very helpful."

At our previous inspection people did not always receive their medicines as required. Medicines administered in disguise (covertly) in the person's best interest did not always have the agreement of the GP and their medicine administration was not always accurately recorded.

During this visit we found medicines were administered, stored and disposed of safely. We asked people

whether they received their prescribed medicines when they needed them. People told us they did. One person explained their prescribed eye drops were important because the drops soothed their eyes. They said, "Staff are very good they make sure I always get my drops on time."

People received their medicine from nurses who were trained to administer medicine safely. One nurse told us their competencies to administer medicines were regularly assessed to ensure they continued to maintain their knowledge and skills.

We looked at five people's medication administration record (MAR). Known risks associated with particular medicines were recorded, along with clear directions for staff on how best to administer them. Some people required medicines to be administered on an 'as required' basis. There were detailed medicine plans for the administration of these types of medicines to make sure they were given safely and consistently. Medicines that required additional controls because of their potential for abuse (controlled drugs) were stored securely, and measures were taken to ensure they were properly recorded. This meant the provider was no longer in breach of the Regulation.

Topical medicines (creams or ointments applied to the skin) were kept in some people's bedrooms. We found two where no opening date had been recorded to show how long the cream had been in use for. One of the creams had been dispensed in April 2016, and there was no dispensing date on the other for us to know how long it might have been opened for and whether it would therefore still be effective. The deputy manager told us they would address this.

At our previous inspection in December 2015, the provider had breached Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing. This was because there were not enough permanent staff on duty who had the qualifications, knowledge and experience to meet people's needs. We asked the provider to take action to ensure there were sufficient and suitably trained staff on duty.

During this inspection we found there were enough permanent nursing and care staff on duty to keep people safe. The provider had recruited new staff, and we spoke with three new staff during our inspection visit. All three had previous experience of working in care. Whilst agency staff were still being used, the number of agency workers were less than during our previous visit. This meant the provider was no longer in breach of the Regulation.

At our previous inspection in December 2015, the provider had breached Regulation 19,HSCA (Regulated Activity) Regulations 2014, Fit and proper persons employed. This was because the provider did not have the information available as specified in schedule 3 of the Health and Social Care Act 2008, and meant we could not be sure that recruitment of staff to the home was robust. We asked the provider to take action to ensure recruitment practice minimised the risks of recruiting unsuitable staff.

During this inspection we found people were protected by the provider's recruitment practices. We looked at three recruitment records and spoke with staff about their recruitment experience. We found the provider checked staff were of good character before they started working at the home. They obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

Staff confirmed they were unable to work at the home until checks had been completed. One new member of staff told us, "I had to give references and have a DBS check. I waited for a quite a while for it to be done, and I couldn't start work until they were returned." This meant the provider was no longer in breach of the Regulation.

People were safe and protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. Staff had received training to safeguard people and knew how to 'whistle-blow' (a whistle-blower is a person who raises a concern about a wrongdoing in their workplace) if they had concerns people's safety had been compromised. We gave staff safeguarding scenarios and asked them to tell us what they would do if they were concerned a person who lived at Norton Grange was being abused. All staff knew how to keep people safe and who to report their concerns to.

The registered manager notified us when there had been any concerns raised about the safety of people, and the actions they had taken to minimise the risks of further occurrences. Accidents and incidents were logged and appropriate action was taken at the time to support the individual and to check for trends or patterns in incidents which took place.

Since our last visit, there had been improvements made to the décor and furnishings on the first floor dementia unit. Bedroom doors had been changed to resemble 'front doors' to houses, and were painted in different colours to support people in remembering where their bedroom was. Changes had been made to the lay out of the kitchen/dining area to keep people safe from harm whilst enabling staff to be responsive to people's needs.

There were tactile boards fixed to the corridor walls so that people could enjoy feeling different textures. There were some boards which had metal objects with sharp surfaces. Staff told us sometimes when people were agitated, they had been pushed against the wall by people. We were concerned that these boards might pose a risk if staff or people were pushed against one. The registered manager told us they would review whether these were was safe.

The provider had plans to ensure people were kept safe in the event of an emergency or an unforeseen situation. Emergency equipment was checked regularly and staff knew what action to take. We saw each person had a personal emergency evacuation plan which was accessible in the event of an emergency. These plans gave staff and the emergency services information about the level of support and equipment a person may need to evacuate the building safely.

Good

Is the service effective?

Our findings

At our previous inspection in December 2015, the provider had breached Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing. This was because staff on the first floor dementia unit had not received training to support them to meet the needs of people who lived with dementia and to provide person centred care. Staff had also not received one to one supervision and support from their manager to help them provide effective care to people.

The provider's 'action plan' informed us they had changed the training provider and they felt the training would be of a higher standard and would meet staff's needs. It also told us that staff would in the future receive regular opportunities for work supervision.

During this visit we spent 45 minutes closely observing how staff supported people in the dementia unit. Previously staff had simply 'monitored' people who lived in the unit and told us inexperienced staff did not know how to engage with people. This time the atmosphere on the unit was completely different. We saw staff enjoyed the company of people, listened to them and anticipated people's needs. They understood people's behaviours and how to minimise people's anxiety and agitation.

Staff on the unit told us they had received dementia training and MAPA (Management of Actual or Potential Aggression) training. They told us this had helped them understand and feel more confident in how to support people if their behaviours became challenging to them, because people were getting anxious or upset.

Staff on both floors told us they had received training they needed to support people effectively. This included, safer people handling, safeguarding people, first aid and end of life training. One care worker told us they had learned the importance of 'individualised care' during end of life training. They added, "It is so important to make sure it is all about the person and how they want it to be. We won't get a second chance to get it right." Staff had also undertaken further training such as National Vocational Qualifications in health and social care to further develop their practice as social care workers.

We asked new staff how, when they first started work at the service, they had learned about the home and the needs of people who lived there. One new member of staff told us they were taught the importance of connecting with people, and asked to remember they were working in a person's home. They found the period of 'shadowing' (working alongside) more experienced staff useful, because it helped them to get to know people and their individual needs.

New staff were undertaking the Care Certificate. The Care Certificate supports new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. One new member of staff told us they only had two of the 15 standards left to work on to achieve the Care Certificate. They told us they were excited because they were, "almost there!"

Staff now mostly received on-going help and support from their seniors and the manager. All staff received more formal individual supervision meetings to discuss their performance in their role and how they could improve. One member of staff said, "I had one with the deputy. I feel it's valuable because I can air my views and they [deputy manager] tell me about anything I need to improve." This meant the provider was no longer in breach of the Regulation.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being 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 interests and as least restrictive as possible.

At our last inspection the provider had breached Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the principles of the Mental Capacity Act had not been adhered to. One person had their liberty restricted and there was not enough information to tell us why this was the case, and whether the action taken was the least restrictive option.

During this visit we saw records which showed people's capacity for decision making had been assessed. Where decisions had been taken in the person's best interest, there was a clear rationale about why the decision had been taken and if it was the least restrictive option. For example, one person often refused their medicines. They had been assessed as not having the capacity to understand what the outcome of this decision would be for their health and wellbeing. It had been agreed by staff and professionals that it was in the person's best interest to continue to receive their medicines and therefore to have their medicines administered in disguise. Staff tried to administer the medicines to the person first, before giving them in disguise if they refused.

At our last visit we saw DNACPR (Do not attempt cardio-pulmonary resuscitation) forms had been completed for some people without a clear reason why it was not in their best interest to be resuscitated. During this visit we found forms gave a clear medical reason why resuscitation should be withheld.

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). At our last inspection the manager had not submitted any applications to the local authority who were the supervisory body for applications. This was despite there being a number of people who lived in the home who had their liberty deprived. At this visit, appropriate applications had been made to the supervisory body. However, there was a discrepancy between the number of applications the registered manager thought had been approved, and the number the local authority DoLS team thought were in place at the home. The registered manager told us they would follow this up to ensure they had the correct information.

Staff understood the importance of gaining consent from people who had capacity to give their consent to care and treatment. We saw care workers seeking consent during our visit. For example, one care worker noticed a person had a runny nose and needed a tissue. The person was sleeping. The care worker collected a tissue, knelt by the person and gently roused them by touching the person's arm. They said, "Hi [person's name] I know your snoozing so is it okay if I wipe your nose. The person nodded. The care worker assisted the person and was heard saying, "All done. Enjoy your nap." Another care worker was heard asking a person if they would like to sit out of bed. The person declined. The care worker said, "Perhaps you would

like to sit out later? I'll come back and check." We observed the person in the lounge in their chair later in the day. This meant the provider was no longer in breach of the Regulation.

At our last inspection the provider had breached Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs. This was because we saw one person given food which could have caused them harm, another person had fluids which did not meet their assessed needs, and there was no choice of meal provided to people.

The provider told us they would re-write care plans to include a nutritional care plan and nutritional risk assessment which would be audited by their in-house dietician. They informed us that the Speech and Language Therapy Team (SALT) would train staff to ensure they were aware of the consistency of fluids. The provider also told us the home should have provided two choices for people at meal times and they would ensure this was put into place.

During this visit we saw people had meals which met their needs. People who required a soft food diet received this, and staff were knowledgeable about their nutritional needs. Records showed the in-house dietician had checked nutritional plans and risk assessments each month, and provided advice when necessary. For example, we saw the dietician asked staff to make sure one person received food with more calories to help them gain weight.

People were given a choice of meals. On the day of our visit this was either cottage pie and vegetables, or chicken nuggets and chips. One person asked for cottage pie and was given chicken nuggets. We asked why they did not get the choice they asked for. Staff told us the person's dementia had stopped them from remembering the importance to them of not eating beef for religious reasons. The person was seen happily eating the chicken nuggets. However, one person told us because they had pureed food they did not have a choice of meal. We discussed this with the registered manager who assured us most of the meals provided could be pureed and they would discuss this with staff to ensure choice was offered. This meant the provider was no longer in breach of the Regulation.

People received support to maintain their health and wellbeing. One person told us, "They [Staff] get the doctor if I don't feel well." And another said "The nurses look after me." Staff told us if they had any concerns about people's health they would inform the nurse in charge who would then phone the relevant health care professional. Care records showed there was regular GP involvement with the home as well as involvement from psychiatric services, the dietician and SALT services.

Good

Is the service caring?

Our findings

At our previous inspection in December 2015 we had concerns that some staff did not always provide people with good care because they did not know the people they supported. Staff lacked training to understand how to provide support to people with more advanced dementia care needs. At our previous inspection staff worked both floors of the home to help provide staff cover when there were absences but this meant people did not have a continuity of care from staff they were familiar with.

During this visit we were informed that staff no longer worked over both the floors. This provided more continuity for people who lived in the home. We saw staff provide kind and supportive care to people, and enjoyed their company.

We spent a lot of time observing staff interaction with people on both floors of the home. Because people in the dementia unit could not speak with us, we also spent 45 minutes closely observing the relationships between them and staff. Unlike last time, we found all staff were quick to respond to people's needs and treated them with respect and care. For example, one person asked for a sandwich and staff made a sandwich straight away. Staff made sure everyone in the room was supported and listened to. We heard lovely comments from staff such as, "you look very nice now you've had a shave." And, "Hello handsome, what would you like for dinner." One person's reality meant a soft toy dog had become a real dog to them. Staff supported them with this, and talked with them about the dog and what the dog's needs were.

On the ground floor, the people we spoke with were complimentary about staff. They told us, "The staff are kind." An agency worker told us about the staff, "The staff are lovely. They really do care and work hard. People get a good service." During our visit, a relative, whose relation had recently passed away, came back to the home and we saw them asking the registered manager to thank the staff for the kindness and compassion given to their relation.

All staff on duty engaged well with people who lived in the home. We saw staff treated people with dignity and respect. For example, one person spilled coffee down their shirt. Staff noticed this and asked the person's permission to take them back to their room to change the shirt. The person's care record showed the person did not like being changed and could become agitated, but staff knew that if they made it clear to the person it was only their shirt which was going to be changed the person would agree. Once this was made clear, the person happily agreed to the change and their dignity was maintained. Another member of staff showed respect to a person by asking their permission to sit down next to them.

One person, who lived on the ground floor enjoyed spending time speaking with the registered manager in their office. We saw a good rapport between them. One care worker told us the training had helped them to realise the importance of engaging with everybody, and not just those they naturally felt more at ease with.

People's privacy was respected. Personal care was provided in the privacy of a person's bedroom or in the bathroom with doors and curtains shut. Their right to privacy was also respected. If people did not want to be with others in the communal rooms and preferred their own company, they stayed in their own

bedrooms.

At our previous visit staff told us they never had the chance to look at people's care plans to find out what people's needs were. They told us they had limited information about people and this could be frustrating. During this visit, not all staff had seen the care plans, but told us they knew about people's needs because the staff on the floor had a good understanding of each person. For example, a member of staff told us when one person stood up, it meant they needed to go to the toilet. They told us the staff 'handover' meeting at the beginning of their shift provided them with any updates about the person's health and well- being so they could be cared for accordingly.

People were supported and encouraged to maintain relationships important to them, and visitors were welcomed at the home at any time during the day and evening. For example, we found staff who worked on the dementia unit had previously given up their lunch break to take one of the people to visit their relations in their home environment.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection the provider breached Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Person centred care. This was because there was not enough activities to interest people and support their social and emotional well-being, and staff in the dementia unit did not engage well with people. Pre-admission assessments were not fully completed and so staff did not know people's needs on arrival to the home. We also had concerns about the quality of the care reviews undertaken, and the lack of information about the person's individual needs and preferences.

At our last inspection, we saw limited engagement between staff and people who lived at the home. During this visit we saw much more engagement with people in the dementia unit, but less on the ground floor. This was because people who lived in the dementia unit tended to use the communal areas where they could more easily engage with staff, whereas people who lived on the ground floor were mostly cared for in bed and this meant staff could not speak with people so readily.

At our last inspection we did not see any activities which were meaningful to people. During this inspection, whilst there had been improvements, there were still not enough regular activities to support people's specific interests and social well-being.

Staff told us they did not have enough time to engage in activities with people who lived on the ground floor. A member of staff said, "We do try to chat with residents but we don't really get time to do much more". The provider had decided not to have a specific activity worker, but to provide sufficient staff to enable staff the time to meet people's social and emotional needs as well as their physical needs. A care worker told us, "We [Care workers] are responsible for activities every day in the afternoon. We try our best to fit them in but we don't always have time." One of the people we spoke with told us they had been promised there would be someone to undertake activities with them each day but this had not happened. They told us they felt a promise had been broken. The registered manager told us they would never guarantee daily activities and did not feel this was a true representation of the discussions they had.

Two people who were not cared for in bed were supported to sit in the communal ground floor lounge. One person spent all day in the lounge asleep except for when they were supported to eat and drink. Another person came into the lounge after lunch, and slept for the remainder of the afternoon. Most of the time there was no staff presence in the lounge and people did not have access to a call bell. However, care workers periodically went to the lounge to check on people.

During the morning of the inspection, staff on the ground floor had limited time to engage with people other than at times when they were supporting people with tasks. However, during the afternoon staff appeared to miss opportunities to engage with people. For example, three staff were observed, whilst on duty, standing in the lounge drinking tea and having a chat.

The time to provide activities and to talk with people was restricted when staff were absent due to sick leave or when the rota was not covered. Some staff told us absence due to sick leave was still high, and at times

during the week-end there were not enough staff to meet people's needs. Staff felt people were safe, but there was not enough to respond to their individual needs. One member of staff said, "It's quite regular that we are short staffed. It has a big impact on the residents. They don't get any individual time."

The registered manager told us they planned for the same number of staff to support people at the week-end as during the week. They told us it was sometimes a challenge to get staff cover at the week-end if staff contacted them to say they were ill just before the shift was due to start. They said there had recently been an increase in staff absence at the week-end and this was being addressed with the staff concerned. They explained if they could not get staff to cover the rota, they would re-deploy staff within the home to ensure people were safe. They acknowledged this sometimes meant that staff could not be responsive to people's individual needs and preferences.

The home used agency staff when they could to cover staff vacancies. The registered manager tried to use the same agency staff to provide continuity of care to people. An agency nurse who was working on the day of our visit told us, "The manager asks for me when they ring the agency because she likes to have staff who know the home." Agency staff were also used to provide support to people who required one to one care. The registered manager was recruiting to fill these posts with permanent staff who would provide people with more continuity of care.

Throughout our inspection visit the television was playing in both the dementia unit lounge, and in the ground floor lounge. No one in either lounge was watching and taking an interest in what was being screened. On the dementia unit, a care worker asked a person if they would like to try a jigsaw puzzle. We then saw them open a 1000 piece jigsaw box. The person was not able to participate in this because the pieces were too fiddly to hold and the jigsaw too intricate to meet their needs. We were told a number of people who lived at the home used to like football and liked to play ball games. We saw a ball game in play for a little while which people appeared to enjoy.

Staff on the dementia unit told us there were some activities available to use, such as paints, and arts and crafts, but they did not often have the time to use them. We were informed that the activities available were provided at personal expense from the deputy and registered manager. During our visit, the registered manager acknowledged it would be more appropriate to have a budget for activity expenditure. After our visit, the registered manager informed us they had bought a range of items to increase the number of activities available to people. These included 10 piece jigsaw puzzles and soft foam balls.

We did not see any reminiscence activities available for people. Activities focusing on reminiscence can help improve mood and wellbeing, and help to and see the person as an individual with a unique life experience. The registered manager told us they had provided these activities and gave an example of a person who loved to clean and tidy. In response to this they had built a kitchenette in the lounge for this person and others to participate in daily meaningful activities. This was not provided for this person on the day of our visit. They also told us of how they responded to a person who had minimal speech, but when out in the garden spotted a plane, and said the word 'plane'. They told us after this, they took the person out into the garden to enjoy this as much as possible.

It is recommended the provider improve their dementia care support by contacting experts in the dementia care field to help them develop their knowledge and understanding of how they could provide daily meaningful activities for people who live with dementia.

During our last inspection we had concerns about the number of formal complaints raised (eight) and how some of these had been managed. Since our last inspection there has been one further formal complaint.

We were satisfied this had been managed according to the provider's complaints policy and procedure. We asked if there was a log kept of concerns or complaints which had not been formally raised, but dealt with informally by staff. This would support the manager and management team in determining whether there were any trends or issues they needed to be aware of. The registered manager said they did not do this.

People and relatives were provided with opportunities to share their views about the service. The registered manager had recently sent out a customer satisfaction survey. Not all questionnaires had been returned however many of those which had been returned were positive about the experiences they or their relations had received at the home. We saw a couple which had been sent back which identified some concerns. These had been received by the home a couple of weeks prior to our inspection visit. We asked the registered manager if they had dealt with them. They told us they were going to wait until the end of the month to address the concerns when they hoped more responses would be returned.

We saw positive feedback from professionals who had visited. A speech and language therapist had written in October 2016 that they would recommend Norton Grange as a place to live; as did a fire alarm engineer who commented that the home had improved and they would recommend it to a relative or a friend.

During this inspection we saw pre-admission assessments were fully completed and provided staff with enough information to safely and effectively meet people's needs. Care records were reviewed each month, and unlike during our last visit, the reviewer had looked at the information provided, made sure it was relevant to the person's current needs, and changed the record accordingly." We saw a care record which demonstrated the person and their family had been involved in the discussion about their wishes.

Previously, care records provided very little detail about people's personal histories, individual preferences, interests and aspirations. Care plans had not indicated how often people wanted a bath or a shower, and what they could do for themselves when personal care was provided. This time, care plans provided this information. For example, the care plan for a person's personal hygiene gave clear instructions about how much support a person needed with teeth care, washing and drying their face, washing the upper and lower part of their body, shaving, cleaning finger nails, and what deodorants and creams the person liked to use.

During our inspection we checked at various times during the day the 'supplementary' records of seven people who were supported with care in their bedrooms. The records confirmed people had received the necessary care and support for their physical well-being. For example, records showed people had been supported with personal care, positional changes and their nutritional needs. Records were up to date and had been completed in full. People's preferences and needs recorded in supplementary records reflected the information in people's care plans. For example, one person told us they preferred to have a weekly bath. This was reflected in the person's care plans and personal care records. This meant the provider was no longer a breach in the Regulation.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, the manager had not been registered with the Care Quality Commission (CQC). Since then, the manager has registered with the CQC.

The registered manager and provider had not always understood their legal responsibilities. The registered manager had sent us notifications where there were concerns about a person's safety at the home, but had not sent us notifications to inform us of people who lived at the home who had a Deprivation of Liberty Safeguard (DoLS) in place. They told us they were not aware of their responsibility to do this. At the time of our visit they told us they thought there were two people who had a DoLS. Subsequent to our visit, the manager informed us that since our last inspection eight people had DoLS approved, six of whom lived at the home at the time of our visit. We were concerned that not only were we not notified of these, but the registered manager did not know how many DoLS were in place for them to check that safeguards were being supported by staff. After our inspection visit, the registered manager sent us the required notifications.

The provider had a responsibility to inform the public of the CQC's most recent rating of the service. The rating of the home's performance had been displayed in the reception area of the home but the provider had not published the most recent rating on its website for Norton Grange or for other homes they provided. This was a breach of Regulation 20A: Requirement as to display of performance assessments. The registered manager was informed of this at our visit, and within three days of our inspection, the provider had ensured the most recent ratings for Norton Grange and the other care homes were published. However, failure to publish the rating meant that the provider had not, for the best part of a year, provided the public with the most up to date assessment of the home's performance.

At our last inspection, the local authority and healthcare commissioners of the service were very involved in supporting the provider improve the service. They had an agreed action plan with the provider about how the service would improve, and they visited regularly to check the actions were being addressed and to support the registered manager in making the improvements. They had also provided an occupational therapist to support the home with the dementia care it provided (occupational therapists support people who have difficulties with every-day tasks, and work with them to find solutions to maintain as much independence as possible).

The commissioners monitoring visits, and support given to the home had taken place on a fortnightly basis from January 2016 to September 2016 and then on a three weekly basis from September until November 2016. The actions had been completed in October 2016. The home had therefore not been through a prolonged period where there was not close monitoring and support.

At our last inspection we had mixed responses from staff about the management culture in the home. At this visit we continued to have mixed responses. Some staff felt they could go to the registered manager if they had any concerns and they would be acted on. For example, one member of staff said, "Any problems I talk to the manager. They are very approachable." Others felt the registered manager did not listen and was not accessible to them.

Some staff and two people told us they very rarely saw the registered manager. One member of staff told us, "I think she could come on the floor a bit more. She does occasionally, but I would like to see her each day. Sometimes we don't know if she is in the building." One person told us, "I know the manager's name. I have spoken to her twice. She doesn't come and speak to us which is not good enough. She should get in amongst the residents to get to know us." Another person said, "I don't know who the manager is." The registered manager told us they tried to spend time with staff and people but could not always do this because of their other management responsibilities.

In the last seven months the registered manager had been supported by a deputy manager. We saw they worked well as a team. The deputy manager had more opportunities to work alongside the staff team than the registered manager, and staff felt able to go to the deputy manager if they had any concerns. The deputy manager told us they felt able to discuss any issues or concerns that staff had brought them with the registered manager and that the registered manager would respond. Staff told us the deputy manager was approachable and helpful.

The registered manager supported staff to raise concerns and to whistle-blow if they had concerns about staff practice. After our visit, we were made aware of an incident where staff had whistle-blown to management about the practice of another member of staff. The registered manager and provider had taken appropriate action in response to staff concerns.

Since our last visit, the registered manager had received regular support from the provider's area manager. They had visited at least once a month to check the home was being managed appropriately and that all checks required to ensure people's safety had been maintained.

We looked at the quality checks undertaken by the home's management. We saw checks were made to ensure medicines were managed safely, bedrail use was assessed, food safety was checked, and wounds such as pressure sores were managed appropriately. Fire safety measures such as fire alarm tests were carried out, and infection control measures were also checked.