

Norwood House Nursing Home Limited

# Norwood House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

Norwood House is situated in a residential area about a mile from Keighley town centre. The home provides personal care with nursing for up to 31 older people, people with physical disabilities and people living with dementia. There are three lounges on the ground floor, one of these has access to an enclosed patio area at the front of the building, and a dining room. The bedrooms are on ground and first floor levels. There are single and double rooms and some have en-suite toilets or en-suite toilets and showers.

At the time of the inspection there were 31 people using the service.

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 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.

When we inspected the service in August/September 2016 we identified one breach of regulation in relation to good governance. On this inspection we identified a continued breach of this regulation and two additional breaches in relation to safe care and treatment and need for consent.

Staff were recruited safely and staffing levels were being maintained. The service was utilising agency nurses and carers but were making sure these staff were consistent and knew the people using the service. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they felt supported by the registered manager and were receiving formal supervision where they could discuss their on-going development needs.

The registered manager had recruited an activities co-ordinator, but this person had not started working at the time of our visit. We saw staff sitting with people and there were some activities being offered, however, we concluded more needed to be offered to keep people occupied.

People who used the service told us they felt safe at Norwood House Nursing Home and we found staff understood the safeguarding process.

People's healthcare needs were mostly being met, however, there were some concerns about the management of people's nutrition and hydration needs. Medicines were being managed safely.

People using the service and relatives spoke highly of the staff and told us they were caring and loving. They also said there was a nice atmosphere in the home and relatives said they were always made to feel welcome.

There was a lack of understanding by staff about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards which meant the service was not always working within the principles of the MCA.

There was a complaints procedure in place and people told us the registered manager was very approachable and they would feel able to raise any concerns.

Quality assurance systems were in place, however, they were not always effective in identifying areas which required improvement such as care planning, monitoring of food and fluid intake and analysis of accidents. The lack of good governance systems has led to a continued breach of regulation 17 and two new breaches.

We identified one continued breaches and two further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Improvements to risk management both for individuals and regarding the environment need to be made to make sure people are safe.

Staff were being recruited safely and there were enough staff to provide people with care and support.

Staff understood the safeguarding process and knew how to report any suspicions of abuse.

Medicines were stored and managed safely.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The service was not meeting the requirements of the Mental Capacity Act or enacting conditions attached to Deprivation of Liberty Safeguard authorisations.

People's health care needs were mostly being met, however, there were some concerns about the management of people's nutrition and hydration needs.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

People told us meals at the service were good.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People using the service and relatives told us they liked the staff and found them helpful, friendly and kind. We saw staff treating people in a patient, dignified and compassionate way.

People looked well cared for and their privacy and dignity was

**Good** ●

respected and maintained.

### **Is the service responsive?**

The service was not always responsive.

Not enough was being done to monitor people's food and fluid intake to ensure their nutritional and hydration needs were being met.

There were not enough activities on offer to keep people occupied.

There was a complaints procedure in place and people told us they would be able to raise any concerns.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well-led.

A registered manager was in post and people told us they were very approachable.

Effective quality assurance systems were not in place to assess, monitor and improve the quality of the service and this was a continued breach of regulation. .

**Inadequate** ●

# Norwood House Nursing 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.

This inspection took place on 26 and 27 June 2017 and was unannounced. The inspection was carried out, on the first day, by two adult social care inspectors and one 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. Two adult social care inspectors returned on the second day to conclude the inspection.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included eight people's care records, staff files and records relating to the management of the service.

We spoke with five people who lived at Norwood House Nursing Home, 10 relatives, five care workers, one nurse, the cook, the deputy manager, the registered manager, the providers and the hairdresser.

## Is the service safe?

### Our findings

A recruitment policy was in place which included obtaining at least two references and checks on the person such as disclosure and barring service (DBS) checks. This meant people employed would be safe to work with vulnerable people. However we saw one instance where safe recruitment processes had not been followed. A staff member had been employed without discussing significant gaps in their employment at interview and although some employment checks such as DBS had been made, others had not. For example, the service had failed to note where one reference did not match the information given as part of the application process. We spoke with the registered manager and provider about our concerns and they assured us this was an isolated omission and they would take immediate actions to address it. Since other staff files we checked had evidence of safe recruitment processes being followed we concluded this was an isolated incident.

The service utilised a dependency tool to calculate staff levels. However, staff we spoke with told us of the increasing dependency of people living at the service and we saw staff appeared stretched at peak times such as when assisting people with personal care in the morning. We noted during this period few staff were available to supervise in the communal areas of the service, to spend time with people or offer conversation or meaningful activities. A staff member told us, "People are quite dependent, taking a lot of staff time." We recommend staffing levels are kept under review as people's needs change. In the afternoon we saw care workers had more time to spend with people in small groups or on a one to one basis. We spoke to the provider about this and they agreed to review the staffing levels in the mornings.

Overall staff told us there were enough staff employed to keep people safe. However, we saw that at busy times of the day staff were stretched due to the increasing dependency of the people who lived at the home. We reviewed the staff rotas and saw five care staff and a nurse were deployed during the day from 7am to 7pm and two care staff and a nurse from 7pm to 7am. The registered manager was on duty in a supernumerary capacity each weekday. We saw the service was using a lot of agency staff for both day and night shifts, including agency nurses and care staff. We spoke with staff about this. One person said, "The agency staff who work here are consistent. They are all good people who know what they are doing and I am happy to work with them." The provider told us they used one agency who sent regular staff to ensure consistency. They explained they had just recruited and were awaiting checks for two new staff members which would reduce the use of agency staff.

One of the agency carers told us, "I have been coming here for 3-4 months and find the staff co-operative and supportive." The service also employed two domestic assistants, a laundry assistant and three part time cooks who also assisted in the laundry on a rotational basis, three days each week.

People who used the service told us they felt safe at Norwood House. One person said, "Yes I feel safe all over." Another person said, "Good staff here that help me, they come and see me, I couldn't manage on my own." A third person said, "Very much so, it's a nice place and friendly, I would like to return to where I lived before but have to really think about that because it's so nice here."

Visitors told us they had no concerns about their relative's safety. One person said, "I can go home knowing [name] is safe and looked after, staff are lovely with them." Another commented, "Oh yes, [person's name] is safe." A third person said, "I think they're (staff) making people (living at the service) as safe as possible." A fourth person told us, "Absolutely, there is always someone about here, my relative was in another place before and this is so much better. All the family feel happy about our relative being here. We visit at different times weekends and evenings included and there is always plenty of staff here and they always know where our relative is – our relative cried in the other place, they are happy here."

We saw there were safeguarding policies and procedures in place and these were also on display. We spoke with five members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All of them told us they would not hesitate to report any concerns to the manager or the Adult Protection Unit. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. However, during the inspection we heard two people who used the service being verbally abusive to others. We saw staff quickly intervened to distract the person who was being verbally abusive in order to protect other people who used the service. When we spoke with staff they confirmed verbal abuse did happen and said it was because people living with dementia did not always know what they were saying. These incidents of verbal abuse were not being reported to the registered manager. We discussed this with the registered manager and deputy manager about the need to protect people from verbal abuse. They agreed they would discuss this with staff at handovers and staff meetings to raise staff awareness.

We looked around the home and found it to be generally clean, tidy and odour free. Relatives we spoke with confirmed this was always the case. One Relative told us, "The place is spotless, they always clean up straight away after an accident, and the staff are on the ball. It was one of the first things I noticed about the place when I came to look round."

One of the providers explained redecoration and refurbishment of the home was on-going. Bathrooms and toilets had all been refurbished and major repairs to the passenger lift had been completed. New flooring had been laid throughout the home and improvements to the lighting were also on-going.

When we looked around the home we saw three wardrobes with doors missing, some furniture with missing handles and furniture where the surface was worn or damaged. The provider showed us the maintenance book which showed wardrobes had been repaired on numerous occasions and they explained they were looking at other ways to resolve this problem.

On the second day of our visit the central heating was on and we noted there was an unguarded radiator in the hallway. This was brought to the attention of the provider as it could have presented a hazard to people using the service. The provider assured us this would be addressed as a priority.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

We saw at the last food standards agency inspection of the kitchen they had awarded 4 stars for hygiene (good). This is the second highest award that can be made. This showed us systems were in place to ensure food was being prepared and stored safely.

We saw from the care records where risks had been identified in relation to people's tissue viability action had been taken to mitigate those risks. For example, we saw a number of specialist mattresses were in use and at the time of our inspection no one in the home had any pressure ulcers.

We saw from one person's falls diary they had fallen nine times over a period of four weeks, two of these falls had been in other people's bedrooms and nearly all of them had been when they were trying to move furniture. Although they had not sustained any injury there was no clear plan in place to show what measures had been put in place to keep them safe.

We saw the fire risk assessment for the service had been updated in February 2017. We asked to see the personal emergency evacuation plans (PEEPs). The file we were given only contained 17 PEEPS and there were 31 people living in the home. We asked the registered manager about this and they said the other PEEPs would be in people's care files, but agreed they should all be in the file so they would be readily available in an emergency. This had been done when we returned on the second day.

This showed us that the systems and processes in place to assess, monitor and mitigate risks to people's health and wellbeing were not always sufficiently robust. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they received their medicines when they should and relatives confirmed this.

We found medicines were stored securely. The temperatures of the storage area and fridge were monitored to make sure medicines were stored at the recommended temperatures.

Medicines were administered by the registered nurses and we saw all of the relevant, up to date guidance was available together with the providers own policy and procedure, for them to refer to.

We saw each person's Medication Administration Record. (MAR) was prefaced with a photograph, information about any allergies and detailed information about how people liked to take their medicines.

We did not see any medicines being administered during our inspection. We spoke with the deputy manager about the process and this demonstrated they were following their medicines management procedure. We saw the MARs had been signed consistently to confirm medicines had been given.

We saw there was a system in place to keep a check on how much medication was being held at any given time. We checked the stocks of two medicines and found them all to be correct.

Some prescription medicines contain drugs controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs. We inspected the contents of the controlled drugs cabinet and found stocks tallied with those in the controlled drug register.

We saw there was a policy and procedure in place in relation to anticipatory medicines. The registered manager told us staff had received training from one of the community palliative care nurses in relation to pain relief and end of life care.

We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered. We concluded medicines were managed safely and people were receiving their medicines as prescribed.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We asked the nurse on duty if anyone using the service had DoLS authorisations in place. They told us most people had these but then added some had been applied for but they were waiting for Bradford Local Authority to come and complete the necessary assessments.

When we looked in the care files we found some DoLS authorisations which had been granted which had conditions attached to them. For example, one authorisation had been granted in August 2016 and had three conditions. One of these conditions stated that a care review needed to be held by the end of September 2016. We looked through the care file and could find no evidence this had happened. We spoke with the registered manager and deputy manager who were unaware of these conditions and could not recall any meeting being held.

In another care file we saw another DoLS authorisation which had been granted in January 2017 with three conditions attached to it. One of these conditions stated that staff should complete the 'All about me life history profile.' We saw this document was blank which meant this condition had not been met. We also saw this authorisation had expired on 4 March 2017, however, the care plan had been reviewed on 1 June 2017 and the reviewer had written "DoLS remains in place and reviewed regularly." This showed us thorough reviews were not taking place.

We concluded these conditions had not been enacted and therefore the service was not meeting the legislation. The service was not taking appropriate action to ensure it acted in the best interests of people who lacked capacity.

The care files we looked at did not contain information about any Lasting Power of Attorney (LPA) orders which were in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. The registered manager told us four relative's had LPA's, however, when we asked for evidence that these were in place none could be produced.

We saw the consent to care and treatment form in one person's file had been signed by their relative. We spoke to the registered manager who confirmed the relative did not have an LPA for health and welfare. In another person's care file we saw their relative had signed the consent forms, however, they only had LPA for property and finance. This meant these relatives did not have the legal authority to make decisions about the person's care and treatment.

This was a breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received a range of training appropriate to their role. Staff told us training opportunities were good. All the visitors we spoke with told us they thought the staff had the necessary knowledge and skills to provide care for their relatives/friends.

New staff received a three day induction which included service specific training, looking at the service's policy and procedures and shadowing experienced members of staff. Staff we spoke with told us the induction process had adequately prepared them for their roles.

We saw regular staff supervisions were carried out where the opportunity was given to explore concerns and training needs. The registered manager told us this was an area they were working on to ensure all staff had received an up to date supervision. We saw this was mostly achieved.

Staff received an annual appraisal and we saw these had been completed apart from one staff member. Staff told us these were an opportunity to discuss further training, development and concerns.

We asked people who used the service about the meals at Norwood House. One person told us, "The food is alright, I like jam sandwiches and puddings." Another person said, "The food is good and sometimes we go to the pub for lunch." A third person commented, "It suits me, very often they ask what I want and if I don't like what's on offer they get me something else, they would overfeed me if I let them."

Visitors spoke positively about the food. One person said, "The food is brilliant, it is a well-balanced menu, plenty of choice and they always make sure they have something else if they don't like the menu." A third person commented, "There's a 24hr kitchen here, we visited late at night and the staff were bringing our relative some Weetabix they had asked for." Visitors also told us staff were always coming round with the tea trolley and snacks which included fruit, biscuits, cake and ice cream on warm days.

We saw in some of the care plans we looked at there was information about people's likes and dislikes regarding food and drink.

On the first day of the inspection at breakfast time we heard staff asking people what they would like to eat. One person said, "Bacon and eggs." We saw people were brought porridge, cereal, jam sandwiches and a drink. No cooked breakfast was offered or served. We spoke with the providers and registered manager about this and they told us people could have a cooked breakfast if they wanted and would make sure this was offered and provided if people requested it.

After breakfast we saw the cook went to each person with a pictorial menu so people could choose what they wanted for their lunch. We saw this really helped people to make their own choice. We spoke with the cook who told us staff communicated well about people's dietary needs and was able to tell us which people should be receiving specific diets, such as soft or pureed diets. However, we had noted in one person's diabetic care plan where it said a specific sugary drink should be present in the kitchen in case of hypoglycaemia. The cook told us this was not the case, however, immediate action was taken to ensure this

drink was in stock

Mid-morning and mid-afternoon hot and cold drinks were served with a variety of snacks such as crisps, biscuits, fresh fruit and cake.

All the people we spoke with told us staff contact the doctor for them if needed. Some visitors we spoke with told us their relatives had been referred to other health care professionals such as a chiropodist and optician.

In the eight care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, district nurses, opticians and podiatrists.

We saw one person become unwell in the lounge. Staff responded quickly to make sure they were safe and the GP was contacted. We saw two healthcare professionals had returned surveys about the service and these had not identified any concerns about the service. One person had commented, "The nursing staff are always excellent." We concluded people's health care needs were being met.

## Is the service caring?

### Our findings

People who used the service told us they were happy with the staff and said the staff were kind to them. They also told us staff treated them with respect, listened to what they said and acted on that. One person said, "The staff are very good, they are all nice and definitely kind." A second person told us, "They are decent people, and they are always looking out for me to see if I am getting any better." A third person commented, "Very good staff, very considerate, right good the way they treat me."

We saw people who used the service responded well to staff and were relaxed in their company.

We asked relatives about the staff, one person told us, "The staff are lovely with people and you can ask them anything. There is a nice friendly atmosphere."

One care worker told us, "People [who use the service] are treated like friends and family." Another told us, "Care is good, caring, loving and dignified."

We asked people who used the service if they were treated with respect, one person said, "They [the staff] don't talk down to you." People told us staff always knocked before entering their rooms and people who were in their bedrooms told us the doors were open because they wanted them to be kept open.

People felt staff knew them well. One person told us, "They [the staff] keep coming and sit down to talk to me. They tell me they will come back and they keep an eye on me to reassure me." Another person said, "They [the staff] are all very good, they treat me lovely."

Visitors told us people's privacy was respected. One commented, "I know they respect my relative's privacy because I have seen how they treat them when taking them to the toilet, very dignified. My relative has never liked having this assistance and would create havoc but does not create here." Another visitor said, "I can tell they respect my relative's privacy just by how happy my relative is with the staff and I can tell the staff have a good attitude." Another person said, "Staff respect people and understand them, they know who to encourage to do varying things."

We saw people were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs. Relatives confirmed people were always well presented. One visitor told us, "Staff look after [name] they are always nice and clean, shaved and well presented. The staff also make sure they have their hair cut."

We saw some bedrooms had been personalised with various photographs, pictures and ornaments.

We saw people's clothing had been well looked after by the laundry staff. Wardrobes and drawers were neat and tidy and clothing had been ironed. This showed us staff respected people's clothing and the importance of people being well dressed.

When we arrived at 7:30 am we saw there were only a few people up in the lounge area. Staff told us people could get up whenever they wanted. We saw staff supporting people to get up during the morning, with some people choosing to remain in bed.

People we spoke with told us they could have a shower or bath when they wanted to and that staff supported them to be independent. One person told us, "They [the staff] leave me to get ready myself; they respect the fact that I have always been an independent person."

We observed people being encouraged to do things for themselves at lunch. One person whose relative had told us did not feed themselves anymore actually did so after some prompting from staff. We also saw that pictorial menus were used so that people who lived with dementia could make informed choices about the meals they wanted to eat.

Visitors told us staff knew their relatives well. One person said, "Staff respect people and understand them, they know who to encourage to do varying things." Another person told us, "Staff are dedicated, especially [name of care worker] they get to know them [people who used the service]."

Relatives we spoke with told us they were always made to feel welcome and were offered a drink. One visitor told us, "I have also been here at night and staff have been very supportive."

We saw some end of life discussions had taken place at time of admission and some people had end of life care plans in place. However, we saw some people did not have these and others had information which needed reviewing since discussions had taken place several years ago. We saw this was an agenda item at staff meetings and staff were encouraged to talk with people and their relatives to ensure their up to date wishes were in place. The service had robust end of life policies in place and was part of the 'gold line' scheme which is designed to ensure people have a pain free and dignified death.

## Is the service responsive?

### Our findings

Anyone thinking of moving into Norwood House could visit to see if they thought it would suit them. The registered manager completed assessments prior to admission to make sure the service could meet their needs. We saw copies of these assessments in the care files we looked at and care plans were formulated as a result.

In one care file we looked at we saw between January 2017 and May 2017 the person had lost 12.5kgs in weight. We saw staff had written a nutritional care plan in April 2017 which detailed how this person's diet should be enriched to provide them with more calories. We asked the registered manager if this person's food and fluid intake was being monitored and they told us it was not. We concluded without records of dietary intake it would not be possible to make an assessment of the adequacy of people's diet.

In another person's care file, we saw a similar record where the person had lost 7.5kg between November 2017 and May 2017. We read under the person's weight plan that weight loss was inevitable and a normal process caused by the person's advanced dementia. We saw no evidence of referral to the GP or dietician and no evidence of food and fluid monitoring even though the person's eating and drinking care plan stated this should be done.

We saw from one person's care file they required a pureed diet and thickened fluids. We saw their food and fluid intake was being monitored. The food chart showed one morning they had been given jam sandwiches with the crusts cut off. We asked the registered manager about this who agreed jam sandwiches were not appropriate for someone who needed a pureed diet. We also saw their total fluid intake one day was only 800ml, we asked the deputy manager what checks were made on the fluid charts and they told us they tried to check them at the end of the shift. No details about what people's individual target fluid intake should be were recorded. This meant checks were not effective in ensuring people were properly hydrated. We concluded not enough was being done to mitigate the risks of people becoming malnourished or dehydrated. Following our visit we referred our concerns to the safeguarding team so these could be considered by someone external to the service.

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

Following the inspection the registered manager advised us review meetings were being arranged with the relevant healthcare professionals for those people who had or were losing weight.

When we spoke with care workers they were knowledgeable about people's individual needs and the care and support they required. However, some of the care plans we looked at were not up to date and others contained conflicting information. For example, one person's personal hygiene care plan stated they should have a bath at least once a week, but their 'All about me' document stated they preferred a shower. Another person's mobility and moving handling information contained conflicting details about their ability to mobilise with some information referring to them using a walking frame and other information referring to

them as unable to mobilise independently. We saw their 'All about Me' document had not been completed so there was no personal information about their history, likes or dislikes to refer to. Without this information there was a risk that staff may have provided inappropriate care and support.

One visitor told us they had been involved in their relative's care plan and described having a care plan meeting to go through everything. They told us, "It was very organised. Staff picked up very quickly that you have to give our relative time to process things." However, we saw little evidence of people or their relatives' involvement in care planning or review.

We saw care plans were an item on the staff meeting agenda and when we spoke with the management team they agreed care records needed to be more up to date and reflective of people's individual needs.

This meant that the provider continued to breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us staff were responsive to their needs and understood their preferences. One person told us, "Staff come in at a time I like and do things the way I like them to be done." Another person said, "Staff don't ever say, 'don't do that or take that book', they get new ones in I like and let me read what I want."

Visitors told us staff were responsive to people's needs but one visitor pointed out people had to wait a little for care at lunchtime as there was a lot going on. Visitors told us people's continence needs were met and care workers ensured they were taken to the toilet when needed.

A complaints policy was displayed within the service. However, people and their relatives told us they had not had cause to complain and any minor issues had been addressed to their satisfaction. We saw the service had documented one official complaint following an anonymous complaint raised and this had been investigated and analysed. However, we saw more information could be included about outcomes and lessons learnt as a means to improve the service. The deputy manager told us they currently did not document low level concerns or complaints but we saw following our discussions they immediately addressed this and a notebook was introduced for this purpose.

We asked people who used the service what activities were on offer. One person told us about a trip to the pub and another person said they liked knitting and had lots of it to do, plus word searches.

The registered manager told us they had recently recruited an activities co-ordinator who would be working six hours a day, mostly Monday - Friday; however, this person had not started work at the time of our visit.

We saw the service had a policy regarding a social activities programme, which stated, 'To enable residents to continue previously held interests e.g. in their choice of music, in gardening, sewing, knitting. To encourage residents to follow new interests. To keep physically and mentally active. To promote remedial or therapeutic benefits e.g. reminiscence and recall activities for people with dementia.' From our observations and discussions with people we concluded this policy was not being consistently followed.

We saw staff engage with people on an individual basis, however, there was little on offer to keep people occupied. On the first day of our visit the televisions were on in two of the lounges, but no one was watching them. A number of people were very active and spent a large proportion of their time walking around the ground floor.

Care files we looked at did not provide any information about people's interests, hobbies or ideas about what activities or conversations they might enjoy.

On the first day of our inspection a group of people came from the local church to hold a service. This was themed around holidays and people spoke about their first holiday. There was also singing and bible readings. A large group of people who used the service attended the service and they were smiling and some joined in with the singing.

On the second day the hairdresser was visiting. We saw they had given one person a book about the Queen Mother. They explained this person leant forward when they were underneath the hairdryer and if they had a book it stopped this happening adding the person loved reading.

We saw some activities had taken place, such as a monthly coffee morning, fortnightly church service and visits from occasional outside entertainers. A summer fair was being planned for August 2017. However, we saw no regular programme of engagement in place to keep people mentally or physically active. The registered manager agreed this was an area for improvement.

We spoke with a senior care worker who was able to tell us about some people's particular interests, for example, songs from the musicals and sport. We saw one person was particularly interested in the wall coverings and they were trying to tell us about these. When we asked the registered manager what their occupation had been they told us they had been a painter and decorator. We would recommend this information needed to be used to produce person centred care plans to meet people's recreational/occupational needs.

## Is the service well-led?

### Our findings

When we inspected the service in August/September 2016 we found the governance systems were not effective and identified this as a breach of Regulation 17 (Good governance) and told the provider to make improvements. On this inspection we found a continued breach of this regulation.

At the last inspection we found care records were not up to date and we found the same on this visit. We also found some records were incomplete.

We saw weight records were being completed for each individual person who used the service. However, no audits of people's weights were being completed to give an overview of weight loss across the service. We identified six people who had lost weight overtime and this weight loss ranged from 7kgs to 20.7kgs. The lack of effective audits has lead to a further breach of regulation 12 (Safe care and treatment).

Audits of care plans had not picked up the need for people's food and fluid intake to be monitored or the need to involve healthcare professionals when people had lost weight. These audits had also not picked up the need for life history information to be recorded or for individual social activity plans.

Audits of care files had also not identified conditions on Deprivation of Liberty Safeguards (DoLS) had not been enacted or issues around consent to care and treatment. The lack of effective audits has lead to a further breach of regulation in this area.

Internal checks had not identified all of the personal emergency evacuation plans (PEEPs) were in the emergency file.

No audits of accidents were taking place. We saw one person who used the service had fallen nine times between 14 April 2017 and 9 May 2017. Two of these falls had been in other people's bedrooms and eight of them had been when they were trying to move furniture. Although they had not sustained any injury there was no clear plan in place to show what measures had been put in place to keep this person safe. The absence of effective audits meant any common themes or trends were not being identified.

Environmental audits were taking place and the provider told us redecoration and refurbishment was ongoing, however, there was no plan in place to show where and when works would be completed. We also found some areas for improvement which had not been identified and addressed through the environmental audits such as an uncovered radiator and missing wardrobe doors. This showed us these audits were not fit for purpose.

We saw although recruitment audits were in place an audit of one person's recruitment file had not identified issues we uncovered at inspection.

Overall we found that the systems and processes in place for monitoring the quality of care provided were not sufficiently robust. This meant that the provider continued to breach Regulation 17 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the audits being completed were effective for example, medicines audits, mattress and bed linen audits. We found medicines were being managed safely and saw mattresses and bed linen were in good condition.

There was a registered manager in post. One relative told us, "The manager is lovely and I would be able to go to them with any concerns." All the visitors knew who the manager was, said they were approachable and that they could talk to them about their relative's care.

We asked people who used the service and relatives about the management of the service. People made the following comments. "Staff know the residents, they can pick it up if anyone is upset, and they don't have a regimented approach even though they have a routine." "The owners are very friendly and on top of the job, likes to see everything is running in order and things are done to plan. Always pleased to have a chat with you, always make you welcome." "The owners are supportive and we have a good rapport with them, we have got to know them well over the years. The place is always neat and tidy and ready for events, it goes like clockwork."

We asked staff about the management of the service and they told us, "[Name] is one of the best managers I have had. They are so approachable and will do personal care, serve meals and support individual service users when they are poorly." Another person said, "[Name] is very good with the staff." A third person told us, "[Name of registered manager] is strict. The manager and owners are good people."

Relatives and staff we spoke with all told us they would recommend Norwood House as a place to live and as a place to work.

We found there was an open and transparent culture within the service and the registered manager had already identified some of the shortfalls in the service. For example, care plans not being up to date. Staff we spoke with told us they enjoyed working at the service and morale was good.

We saw annual surveys were in place to gauge service satisfaction with people who lived at Norwood House or their relatives. Approximately 60% of questionnaires were completed and responses were positive, praising staff and the care provided. We saw where suggestions or concerns had been raised, these had been investigated and action taken to address them, such as, looking at ways whereby people could more easily access CQC inspection reports about the service.

The results of the annual staff survey were also analysed to look at where improvements needed to be made and actions to drive improvements, such as prompt reporting of incidents, errors or near misses. Results showed staff felt valued and morale was good. This was confirmed by speaking with staff during the inspection process.

A range of staff meetings were in place to include care staff, nursing staff and ancillary staff. We saw these were an opportunity for staff to discuss a range of topics including activities, service updates, training, infection control, care planning and any areas of concern. Staff told us they were encouraged to attend and participate in these meetings and we saw staff signed to confirm their attendance.

Following the inspection the registered manager sent us an action plan telling us how they were going to make improvements. This was based on the feedback they were given at the end of the inspection visit. This showed us they had taken immediate action to address some of the shortfalls we identified.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	Care and treatment was being provided without the necessary consent from service users and where service users lacked the capacity to consent, the 2005 Act was not being followed.
Treatment of disease, disorder or injury	
	Regulation 11 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risks to service users were not being assessed properly.
Treatment of disease, disorder or injury	The registered person was not doing all that is reasonably practicable to mitigate risks to service users.
	Regulation 12 (1) 2 (a) (b)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes were not established or operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
Treatment of disease, disorder or injury	
	Regulation 17 (1) (2) (a) (b)

### **The enforcement action we took:**

Warning notice