

# County Care Homes Limited

# Norwood House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Norwood House is a residential care home providing accommodation and personal care up to 71 people aged 65 and over in one adapted building. Norwood House provides care to older people living with dementia and at the time of the inspection there were 32 people using the service. The service was situated in a rural area of Middleton Moor on the periphery of the village of Saxmundham in Suffolk.

### People's experience of using this service and what we found

People and staff told us that the service had improved since our previous inspection. A system of audits by both the registered manager and provider had been implemented. These had resulted in improvements in the quality of service provided. These now needed to be used to demonstrate sustained improvement in the quality of the service provided.

Feedback from people and relatives was actively sought and acted upon.

People felt safe living at Norwood House and where risks to people had been identified there was guidance in place for staff. Staff were able to tell us how they kept people safe and had a good knowledge of how to identify and report any potential safeguarding concerns.

Relatives were satisfied with the number of staff available to support their family member. Some staff raised concerns regarding the pressures on them during their shift. Staff told us that they now received effective training for their role.

An electronic care planning system had been implemented. Care records were up to date, and person centred. The registered manager was working with staff to make further improvement to the records.

People were usually supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice. Staff had a good knowledge of the Mental Capacity Act but we were not assured that this was always put into practice.

Improvements had been made to the environment and there were plans to further improve some areas. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 30 December 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 December 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not always well-led.	<b>Requires Improvement</b> ●

# Norwood House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and a specialist professional advisor in dementia care.

#### Service and service type

Norwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Norwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spent time observing the interactions between people and staff in communal areas, in order to help us understand people's experiences. We reviewed 6 people's care plans. We also looked at medication records and three staff files in relation to recruitment. We reviewed accident, incident and safeguarding processes and a variety of records relating to the management of the service. This included provider improvement/action plans. We also spoke with 3 people, a relative, and 3 staff. After the inspection visit, we received feedback from 9 relatives, 10 staff and 2 healthcare professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1).

- The service used a range of risk assessments to measure risks to people's health and wellbeing. Staff were knowledgeable about the risks associated with people's care and could tell us what action was needed to promote people's safety and ensure their needs were met.
- People were supported to mobilise safely and transfer with support using safe techniques. Staff were alert to people who were walking around the service, ensuring corridors were uncluttered and people had a clear path to walk.
- A member of staff told us they had received updated training on moving and handling and were now, "Using (moving and handling) equipment to its full potential."
- Issues identified with the environment at our last inspection such as ligature points and unrestricted access to stairs had been remedied.
- Each person had a personal emergency evacuation plan (PEEP). There was a master list of PEEP's in the main office which was up to date and would be accessible in the case of an emergency.
- The registered manager described how they and their team learned from incidents to improve people's care. Accidents and incidents were regularly reviewed for themes and trends.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Norwood House. A relative told us, "The care, support and safety are absolutely brilliant."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff knew what to do if they were concerned about the well-being of a person and felt confident their concerns would be acted on. A member of care staff told us, "I have been trained and am able to identify and report abuse."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Staffing and recruitment

- Relatives told us there were enough staff. A relative told us, "We feel happy that there are enough staff to

look after the residents effectively." Another relative said, "I can always find a member of staff happy to help and my general impression is that there are plenty of staff around when I visit, which is usually twice a week."

- However, care staff raised concerns about the number of staff available to meet people's needs." A member of care staff said, "Sadly as hard as the carers work, because of the more "organisational" impact, corners have to be cut, care is often rushed and person-centred care is becoming a thing of the past. Dedicated carers are becoming very upset by this." Staff told us that they had raised this with the registered manager. We raised staff concerns with the registered manager and the provider. They told us they were not aware of staff concerns but would explore the concerns raised.
- During our inspection visit we observed people's care needs met in a timely manner.
- There was a more established staff team since our last inspection which meant the need to use agency staff had decreased. This helped people to receive consistent care from staff that were familiar to them.
- New staff were recruited safely and pre-employment checks were in place, which included verification of references from previous employers and the Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We noted some gaps in people's employment history recorded in recruitment files. We spoke with the registered manager about this who was able to provide satisfactory explanations.

#### Using medicines safely

- Medicines systems were well organised. The new electronic medication administration record (e- MAR) system was working well. The system had number of safeguards including alerting staff if a medication was missed or late. Where the times of medications varied the system ensured the following doses were not given too early, we saw this demonstrated on the day of our inspection.
- We observed staff explain to people what their medicines were, seek consent and safely administer the medicine.
- Protocols for medicines used as required (PRN) to treat anxiety and distress included a range of actions care staff can use to support the person before giving the medicine. Incident records were completed when these medicines were used and detailed the person centred strategies staff had employed to try and manage the person's symptoms in the least restrictive way.
- Where people were receiving anti-psychotic medicines, there was regular liaison with the GP to ensure the person was on the lowest therapeutic dose and did not experience unwanted effects.
- Medicine processes were audited every month. However, the audits lacked detail about the month being checked, instead they gave general information about the setting's policies and procedures.
- People's medicine support assessments included how people who were non-verbal may indicate that they were in pain or in need of medicines.
- The equipment used for storing and administering medicines was clean and well maintained.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives told us they were able to visit freely. A relative told us, "I usually visit twice a week, the logging in procedure in reception is easy and now 95% of the time someone is on reception to greet you."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found where people did not consent to care, staff were not supported to understand what action they should take. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. This was done well at lunchtime when people chose their meal but supported decision making was not consistent and it was not always clear how people were supported to make their own decisions. For example, by being involved in developing their care plan.
- Staff understood the importance of gaining consent from people and what actions to take if consent was not given. We observed people being asked how they wish to be supported. When people refused care, staff were respectful of their choice and offered an alternative or came back later to check if the person was ready.
- Care plans included decision specific mental capacity assessments for most decisions and staff could describe the principles of the MCA including best interest's decisions. Staff were aware of situations that could cause someone's capacity to fluctuate including having an infection or different times of day.
- Where people lacked the capacity to make decisions, appropriate people were involved in making decisions in people's best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and care plans reflected their choices and best practice guidance.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to the person moving into the service. The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- We noted gaps in 2 people's turning records. The registered manager explained that this was because the people did not need this level of support. We discussed with the registered manager that care records should reflect people's current needs.
- Changes in people's needs had been responded to with their care and support adapted as appropriate.

Staff support: induction, training, skills and experience

- Since our previous inspection the provider had changed their training provider. Staff gave us positive feedback about the new training. Staff had completed a comprehensive package of e-learning modules covering safeguarding, mental capacity, infection control, fire safety, end of life and swallowing difficulties. Staff also told us that the improved training helped them feel more confident in their work.
- Staff who had been promoted into more senior roles had been offered leadership and management training. Staff were also encouraged to complete self-directed learning and share this with their colleagues. For example, the new activity lead was researching new activities and ways to support people living with dementia.
- Staff had participated in GERT (GERonTologic simulator) suit training in which staff have the opportunity to experience the impairments that older person people may be living with, including changes to sight, hearing, mobility and fine motor skills. Staff said this helped them better understand people's experiences.
- Care staff had regular 1:1 meetings with their manager to discuss their performance and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives were complimentary about the food. A relative said, "I feel that there is always plenty to eat. The dining area is always clean and meals for the day clearly marked up and I have seen members of staff showing residents example plates from which they can choose which meal they prefer. The carers always say [relative] eats well and when I visit usually after lunch there is always a tea trolley and cakes distributed. The new chef in charge makes delicious cakes! There are always bowls of biscuits & crisps available in case anyone is still hungry."
- People told us if they did not like the meal offered, they were offered an alternative. We observed some people chose to have cheese on toast or yoghurt instead of the main meal. People were shown two plated meals to help them choose their preferred option.
- Where people had been identified as being at risk of malnutrition and dehydration care plans showed they were monitored through being weighed regularly and receiving fortified meals.
- Drink stations and snack baskets were available in communal areas. We observed people help themselves to crisps and biscuits. People were also offered drinks and snacks throughout the day.
- Food and fluid charts were used to record how much people had eaten and drunk. The daily records showed where the person ate their meal, preferred or special diets, portion size, their appetite level, whether the meal was fortified to increase the calories and the type of fortification used. Where people did not meet their target daily intake this is flagged to senior staff to take relevant action.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Since our last inspection the service had worked with the local authority to improve the care provided. The local authority provided positive feedback as to how the service worked with them.
- Relatives confirmed that the service referred their family member to other health care professionals when

required. A relative told us, "Norwood House completely supports [family member] with access to the doctor. They will also be arranging for an optician to visit [relative] in the next few weeks."

Adapting service, design, decoration to meet people's needs

- People's bedroom doors were personalised with memory boxes to support people to find their room. People told us they liked having the new boxes and showed us the pictures they had chosen, to put in them.
- There were communal areas for people to sit and spend time with friends and family. There was a choice of lounges. The main lounge had group activities and the other lounge provided a quieter space.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection of this key question we rated it as good. The rating for this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us that, where appropriate they were consulted about the care and support their family member received. A relative told us, "The staff will always speak to me when I visit about any care changes, and I receive regular update emails. They emailed to say I could go in and speak to [relative] key worker to discuss the care plan."
- Relatives told us they had been invited to meetings to discuss the service by the new manager.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by staff who were kind and compassionate. A relative told us, "We definitely feel that the staff treat [relative] with respect and compassion." Another relative said, "I have been present on a few occasions when [relative] was being helped to wash and dress. Each time it was done with respect, compassion and where appropriate, humour."
- We observed staff speaking to people politely and referring to people by their preferred name.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. People's preferences were clearly documented on their care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff knocked on people's doors before entering and people were addressed and spoken to with respect.
- People looked very comfortable in the company of staff, and we observed positive relationships between staff and residents.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection of this key question we rated it as good. The rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service used an electronic care planning system. Care plans viewed contained a range of personalised information, such as people's likes, dislikes and preferences. This information helped staff understand people as individuals and cater the care they provided accordingly.
- The registered manager was supporting staff to develop skills to use the electronic care planning system and explain the support they gave to people in more detail. This would give a better picture of the way staff supported people.
- Relatives told us that their family members preferences were met. A relative told us, "[Family member] prefers to have a female carer to help with washing and dressing. It is always ensued that this is adhered to avoiding any unnecessary stress."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were observed to understand and respond appropriately to people's non-verbal communication and adapt their communication to the person's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain important relationships. Visitors were welcomed within the home. A relative told us, 'It seems more relaxed here now, it's nice to come and visit.'
- People knew there were activities they could take part in, and residents and relatives told us they enjoyed the new activity programme. People were involved in the planning of the activity programme, which includes exercise groups, arts and crafts, visiting entertainers, therapy dogs, spending time in the garden and baking.
- People told us how they had enjoyed making pizza and this had been served at teatime. A relative told us their family member had taken part in the group and had enjoyed eating what they had made.
- People living with dementia were supported to access group activities with other residents or were supported 1:1 when walking about the home. There were twiddle mats and dolls available in communal spaces used by people living with dementia. These provided people with different sensory experiences.

Improving care quality in response to complaints or concerns

- The service had a complaints policy.
- The majority of people told us they had not needed to make a complaint but where a complaint had been made this was investigated according to the policy.

End of life care and support

- At the time of our inspection nobody was receiving end of life care.
- People's care records contained information about their end of life wishes.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found systems had not been established to effectively manage and improve the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The audit system across the service had improved. However, we had concerns that the purpose of audits was not fully understood as some audit records referred to there being a policy in place rather than looking at the subject of the audit.
- The provider had continued to carry out regular visits to the service. There was now a structure in place for them to check the quality of the care and feedback to the registered manager. This system now needs to be embedded into the oversight of the service and achieve demonstrable, sustained improvement.
- Care records had been transferred to an electronic care planning system. This had improved the service ability to monitor people's well-being, for example through mealtime monitoring and medication monitoring.
- Relatives told us they had seen improvements in the management of the service. A relative told us, "Norwood house has improved vastly over the last few months." Another relative said, "At first it didn't seem great, and we were getting worried but since the new manager has started it is so much better."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- We shared staff feedback with the NI and registered manager at feedback. The NI expressed surprise at some of the feedback particularly in relation to staffing levels and the pressure on staff. Although management engagement with staff had improved these needed to be sustained.
- People were encouraged to provide feedback to the service with an electronic feedback system incorporated into the signing out system. A relative told us, "We can enter feedback whenever we leave via the entry system."
- The service response to issues raised was displayed in the service. Responses to feedback from relatives had included staff now wearing uniforms. Staff feedback had resulted in changes to the shift pattern.
- Most staff reported feeling supported by the management team. They described how they had progressed

in their careers and how they had benefited from the ongoing training and support. However, some staff described a less open culture. For example, they felt "spied on" by the CCTV and being, "Told off" in supervision meetings.

- We observed staff engaging with people in a positive manner providing care and support in response to people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff knew understood the duty of candour. The registered manager was clear about their role in ensuring people received good care.
- Relatives told us the service was open and honest if an incident occurred. Describing an incident, a relative told us, "The home notified us and said the doctor would check (relative) to confirm no issues. We were kept updated about this."

Working in partnership with others

- We received positive feedback from the local authority who had been working with the service to make improvements.
- External healthcare professionals provided positive feedback regarding their involvement with the service.