

ARMSCARE Limited

# Norfolk Lodge

## 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?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Norfolk Lodge is a residential care home providing personal care and accommodation for up to 30 people. At the time of the inspection visit, 28 people were living in the home.

Care is provided at Norfolk Lodge over two floors. There are various communal areas that people can use which include lounges and a dining room.

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

Some risks to people's safety had not been adequately assessed or reduced as much as practicable. This placed people at risk of avoidable harm. Staff practice was mixed in how they treated people. Most were kind and compassionate when they interacted with people but not everyone experienced this. Improvements were required to the culture of the service to ensure it was wholly person-centred and that people were treated as individuals.

There were enough staff to meet people's needs but they were busy and often only engaged with people when completing a task. This led to people not always receiving adequate stimulation to enhance their wellbeing. The provider had recognised this issue and had employed a new member of staff with responsibility to improve this area.

In the main, people were 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. However, people didn't have access to a secure and safe outside area and were wholly reliant on staff assisting them outside when they were free to do so.

People received enough to eat and drink, but the meal time experience required improvement to make it a more pleasant occasion for people.

Staff supported people with their healthcare needs and worked well with other health and social care professionals for the benefit of people living in the home. People and/or their relatives had contributed to how they wanted care to be delivered.

People received their medicines when they needed them, and staff had been recruited safely. Systems were in place to protect people from the risk of abuse.

There was an open culture within the home where people and relatives could raise concerns or complaints without apprehension. Staff enjoyed working in the home and felt valued. People and relatives overall, were happy with the quality of care that was being provided.

The provider was receptive to our feedback and made some immediate improvements to the quality of care

people received.

We have made recommendations to the provider to review best practice guidance in relation to improving the mealtime experience, support with hobbies and interests and the internal and external environment for people living with dementia.

Rating at last inspection

The last rating for this service was Good (published March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified a breach of regulation at this inspection, in relation to the lack of robust monitoring of the quality of care provided to people.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

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

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Norfolk Lodge

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Norfolk Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. However, they had applied to be transferred to another of the provider's care homes. A new manager had been recruited and they had applied to be registered with CQC. Both managers were present during the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority who are a commissioner of the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with three people living in Norfolk Lodge and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the new manager, care workers and the cook. Most people living in the home were not able to provide us with feedback on the care they received, so we spent time observing how staff interacted with them.

We reviewed a range of records. This included three people's care and medication records. We looked a variety of records relating to the management of the service.

After the inspection

We continued to gain clarification from the provider regarding risk management, staffing and complaints management.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe.

Assessing risk, safety monitoring and management

- Risks to people's safety had not always been assessed or mitigated as much as reasonably practicable to protect them from avoidable harm.
- The manager told us that items such as toiletries and denture cleaner should be kept secure in people's rooms. This was to protect them from the risk of accidental ingestion. However, we found these items in unlocked cabinets within people's rooms.
- The front and back doors of the home were being locked with keys as well as a keypad. Risks associated with the use and availability of the keys in the event of an emergency had not been fully considered. We reported this concern to the local fire safety officer.
- Risks to people's safety had not always been assessed correctly. This increased the potential that staff would not take the appropriate action. For example, one person had been assessed as being a low risk of malnutrition when in fact they were at high risk. Another person's falls risk assessment stated they had not had any falls within the last 12 months. In fact, they had fallen at least twice in the month prior to the risk assessment being reviewed.

After our inspection visit and following our initial feedback, the provider took immediate action to improve these areas and reduce any risks to people's safety.

Systems and processes to safeguard people from the risk of abuse;

- Systems and processes were in place to protect people from the risk of abuse. People told us they felt safe living in Norfolk Lodge and the relatives we spoke with agreed with this. One person said, "Yes I do feel safe here. Particularly, when they move me from my chair or my wheelchair."
- Staff demonstrated a good knowledge about safeguarding and knew how to raise concerns which included to outside agencies if necessary. Records showed the manager had thoroughly investigated any safeguarding concerns and worked with the local authority safeguarding team where required.

Staffing and recruitment

- We received mixed feedback from people and relatives regarding staffing levels in the home. One person told us, "If I need anything I can use my buzzer and they are pretty good at turning up, so I don't have to wait too long." However, another person said, "They could do with a few more staff on duty, which would mean we would not need to wait on the odd occasion."
- The staff we spoke with told us there was usually enough staff to meet people's needs. The manager confirmed the home was occasionally short staffed due to last minute absence. However, they had made efforts to cover these shifts with either agency or existing staff and would also cover the shift themselves if required.

- On the day of our inspection visit, we observed there were enough staff to respond to people's requests for assistance in a timely manner.
- The required checks had been made to ensure new staff were safe and of good character before the provider allowed them to work with people living in the home.

#### Using medicines safely

- Medicines were managed safely. People told us they received these when they needed them and the records we looked at confirmed this. One person said, "I get all my medication on time and they always make sure that I take them before they leave me."
- Medicines were stored securely and were regularly audited to ensure there were enough in stock to meet people's needs.
- Staff had received training in medicines management and their competence to give people their medicines safely had been assessed in line with best practice guidance.

#### Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. The home and equipment people used was clean.
- Staff were observed to use good practice such as wearing gloves or aprons when appropriate.

#### Learning lessons when things go wrong

- Staff understood they needed to report any concerns or incidents directly to a senior member of staff or the manager.
- The manager had fully investigated any incidents that had occurred and involved the necessary individuals in this process.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The lunchtime meal experience for people needed improving. Not all the people sitting at individual tables were served their meals at the same time. One person had to wait for 20 minutes for their meal whilst others on the same table ate theirs.
- Some people's meals were left on a counter for ten minutes before they were served meaning they were not likely to have been hot. Hot desserts were handed to some people before they had finished eating their main meal. This again meant they were likely not to be hot at the time of eating.
- Several people received pureed meals. Although the individual food components had been separated, improvements could be made to make them look more appetising.

We recommend the provider reviews best practice guidance in relation to the mealtime experience for people living with dementia.

- People told us they enjoyed the food and received enough to eat and drink. The relatives we spoke with agreed with this. Staff monitored people who were at risk of not eating or drinking enough to meet their needs.

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

- Signage was not consistently used to help people identify communal areas such as toilets or their own room. We saw one person become confused and used a toilet in another person's room. One person told us, "I do feel safe here, but I do get the occasional person coming into my room at different times of day, which I am not too keen on."
- The garden area was tidy and contained items of interest such as raised beds for people to sow plants. However, it was not a safe area for people to use alone and therefore, they were not able to access it when they wished to as the doors were kept locked.

After our inspection visit, the provider told us some signage to communal rooms had been removed so the doors could be painted. They said this would be replaced and the garden area reviewed.

We recommend the provider reviews best practice guidance regarding the internal and external environment for people living with dementia to aide their needs and wellbeing.

- The home was in a good state of repair and people had been able to personalise their rooms with items

that were meaningful to them. People's rooms were large enough to enable staff to use equipment such as hoists and wheelchairs if needed.

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

- People's individual needs and choices had been holistically assessed. This included people's social, physical and diverse needs.
- The provider had accessed some best practice guidance to assist them with care delivery. For example, oral healthcare guidance from the local authority. However, not all legislation such as the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been complied with.
- Technology was used to assist the provider with the delivery of care. This included an electronic care planning system and sensor mats to alert staff to some people's movements.

Staff support: induction, training, skills and experience

- People and relatives gave us mixed feedback about staff's competence to perform their role. One relative said, "I think the staff do know what they are doing when they care for [family member]. However, one person told us, "Most of the staff know what they are doing but there are a few of the newer staff who I have less confidence in."
- The staff we spoke with told us the training they received was good. They said they received regular supervision and their competency to perform their role safely had been assessed. The staff records we looked at confirmed this.
- We observed variable staff practice during our inspection visit in relation to how they engaged with people. For example, one staff member distracted a person when they became upset. This calmed them. However, another staff member walked away from a person when they were talking to them which was disrespectful.

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

- People were supported with their healthcare needs. One relative told us, "The GP service is good and there are regular visits. [Family member] sees the dentist and optician."
- Staff were vigilant to people's health needs and records showed that people had access to various healthcare professionals such as GPs, dieticians and speech and language therapists when required.

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

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 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 and that any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent had been sought in line with the relevant legislation. People and relatives told us staff were polite and always asked for consent before performing a task. One relative said, "They always ask [family member] before they do anything."
- Staff had received training and showed a good understanding of the MCA.
- Records showed that people's capacity to consent to a decision had been considered where it was in

doubt. For example, some people received their medicines covertly (hidden in food and/or drink). This had been deemed appropriate to help these people maintain their health.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- We observed mixed practice from staff in relation to treating people with kindness and compassion. One staff member was seen providing support to a person in a compassionate way when they were upset and distressed. However, another staff member caused a person upset when they turned some music off the person had been listening to on the TV. The person swore, and the staff member went to take the remote control off them. They also told the person that they 'must have got out of bed on the wrong side this morning'.
- In the kitchen there was a list of people who required assistance to eat their meals. This list was entitled 'feeders' which is not a respectful way to refer to people who need support to feed themselves.
- The staff we spoke with demonstrated they knew the people they supported well including their backgrounds and life histories.

After our inspection visit, the provider told us they had spoken to all staff and reminded them to treat people with dignity and respect at all times. They also said they had amended the list in the kitchen.

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

- People and relatives told us they could express their views about the care provided. They said these were listened to and their choices respected. One person said, "They do care for me very well and always make sure that I can do what I want to do, when I want to do it."
- In the main, we observed staff offering people choice during the inspection and involving them in decisions about their care. For example, what to drink or where to reside. People who lacked capacity to understand their meal choices were not routinely shown the different meals available at lunchtime to help them make a choice. The manager told us this was something they planned to introduce.
- Relatives told us they were kept fully informed about their loved one's health and wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. Staff knocked on the doors of people's rooms before entering and they ensured people's doors were closed when they provided them with personal care.
- People's care records were kept confidential and relatives could visit at anytime without any restrictions.
- People's independence was encouraged. We observed that some people were offered plate guards at lunchtime, so they could eat their meals independently.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- The people we spoke with were happy that their care and social needs were being met. Relatives also felt their family member's care needs were met but did not feel they were provided with adequate stimulation. One relative told us, "There is very limited interaction between the staff and the residents with dementia. The opportunities to do things are limited."
- The home employed a member of staff who provided people with some scheduled activities on two days each week to enhance their wellbeing. Outside entertainers and animals had also visited on occasions. At all other times, staff were tasked with providing people with stimulation.
- We observed that staff had limited time to engage with people other than when they were providing a task. For example, one person told staff they wanted to go outside but were told staff could not assist them with this as they were busy giving people drinks. The same person was constantly walking around the home looking confused. Staff regularly redirected them to various areas within the home, but they did not take the time to ask them what they wanted to do or engage them in any activity.
- The manager told us they had recognised people required more stimulation and had therefore employed a full-time activities staff member who was due to start at the service in November 2019.

We recommend the provider reviews best practice guidance on providing suitable activities and stimulation to people who are living with dementia.

- People and/or their relatives had been involved in the initial assessment and planning of their care. Care records were in place that gave staff clear guidance on how to provide care to people in line with their wishes.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had assessed people's individual communication needs in line with the AIS. People who required support with their communication received this. Staff explained how they used body language to recognise people's needs if they could not express this verbally.

Improving care quality in response to complaints or concerns.

- People and relatives told us they knew how to complain. No one felt any anxiety in this area and said the management team and all staff were approachable and acted on any concerns they had. A relative told us, "If I find anything that's not right I speak to the manager and it gets done."
- The manager told us they had received one formal complaint regarding the quality of care within the last 12 months. They did not have records of this complaint as they had been passed to the provider for investigation. We were satisfied from their explanation that systems were in place to respond to people complaints and concerns appropriately.

#### End of life care and support

- At the time of our inspection visit, no one was receiving end of life care. Where people and/or relatives had wanted to share wishes and preferences in relation to this area, these had been recorded. The manager told us staff worked with various professionals at this time to ensure people had a comfortable death.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated 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;

- The governance systems in place had not been fully effective at monitoring or improving the quality of care people received. For example, an audit of the meal time experience for people had not taken place. The provider had not identified that locking fire exits with keys was a potential risk to people's safety.
- Leadership had not identified that staff were on occasions, following poor practice such as not locking certain items away that could cause people harm.

Failure to effectively assess, monitor and improve the quality of care people received in these areas was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- A person-centred culture had not been fully embedded within the home and requires improvement. Minutes of a recent meeting with staff showed that people who required assistance to eat had been referred to consistently as 'feeders'. This included by senior staff and is not respectful of people's individual needs. Also, prior to the inspection, the local authority advised us of an incident where two staff had been overheard talking about a person in a derogatory manner. At this inspection we witnessed a staff member not treating someone with kindness and respect. This demonstrated that staff practice required further improvement.
- The people and relatives we spoke with were happy with the quality of care they received at Norfolk Lodge. There was an open culture within the home. People, relatives and staff told us the manager was approachable. One relative said, "The new manager is very approachable and its early days yet, but I think she will be good for the home."
- Staff told us they enjoyed working at Norfolk Lodge. They said they were fully supported and felt valued as individuals. The manager understood the duty of candour and had fully involved people and/or relatives when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- People, relatives and staff opinions had been regularly sought on the running of the home through an

annual survey. We viewed these and saw the comments made were all positive and no suggestions for improvement had been made.

- Links with the community had been established. Representatives from various faiths visited to support people with their spiritual needs.
- The provider, home manager and staff worked well with other organisations to support people living in Norfolk Lodge. This included local health and social care professionals and community representatives.

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 17 HSCA RA Regulations 2014 Good governance  The provider had failed to effectively assess, monitor and improve the quality and safety of the service and to mitigate risks in relation to people's health, safety and welfare.  Regulation 17 (1) and 2 (a) and (b).