

# ARMSCARE Limited

# Norfolk Lodge

## 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?

Good ●

# Summary of findings

## Overall summary

Norfolk Lodge provides accommodation and personal care for up to 30 people. At the time of our inspection, 27 people were living at the home, of which most were living with dementia.

There was a registered manager in the home. 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 home is run.

At the last inspection, the home was rated Good. At this inspection we found the home remained Good.

Why the home is rated Good...

People received support to take their medicines safely. Staff knew how to keep people safe from harm, risks were clearly identified and actions to reduce these implemented. There were enough staff to keep people safe and meet their needs.

Staff were competent to carry out their roles effectively and received training that supported them to do so. People were supported to eat a choice of freshly prepared meals, and were supported with special diets. People were able to access and receive healthcare, with support, if needed.

People were able to make choices and were supported to make decisions. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the home complimented this practice.

Staff were kind and compassionate in the way they delivered support to people. People were treated with dignity and respect. Staff ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and friends who did not live nearby.

People were supported to access a wide range of activities and hobbies that meant their leisure time was enjoyable. People and their relatives were confident that they could raise concerns if they needed to.

The registered manager ensured that the home was well run. Staff were committed to the welfare of people living in the home. They regularly engaged with people to seek their view about how they wanted the home to be run, and the activities on offer. The registered manager ensured they kept links within the local community and people were part of many regular events.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Norfolk Lodge

## 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 checked 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 6 March 2017 and was unannounced. The inspection team consisted of 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.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the local authority safeguarding and quality performance teams for their views about the service. We also looked at the information we hold about the registered provider, including people's feedback and notifications of significant events affecting the service. We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

During our inspection, we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection, we spoke with one person living at the home, as well as a person's relative. We also spoke with five members of staff including a senior care worker, a cook, a maintenance person, the deputy manager and the registered manager. We checked three people's care records and three people's medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records.

# Is the service safe?

## Our findings

The service remains safe. People told us they felt safe, one person told us, "I do indeed feel safe because all the staff here are magnificent." A relative we spoke to said, "I am sure [relative] is safe, there are staff around all the time. I have seen no indication that my [relative] has ever been treated badly, and I have never seen any other resident treated badly." There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents.

The risks involved in delivering people's care had been assessed to help keep them safe without impacting their lifestyle. One person told us, "Staff allow me to take risks; I have my own kettle in my room." We found individual risks had been assessed and recorded in people's support plans. Guidance had been provided to staff on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included people's mobility, nutrition, hydration, and medication. Records showed the risk assessments were reviewed and updated on a yearly basis or in line with changing needs. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out to assess risks associated with the home environment. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments were reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from any unnecessary hazards.

There were enough staff to meet people's needs. The registered manager told us that a team of staff were always available to support people. Any unfilled shifts on the rota were filled by the homes existing staff. The registered manager told us that staff could be redeployed from the registered providers other homes in the area if needed. We saw that a member of staff who had been recruited more recently had undergone an interview process and checks to ensure that they were safe to work at the home.

People who needed support with their medicines received this from staff who were competent to provide this. Medicines were stored and managed in a dedicated room. Staff completed daily audits of stock and daily checks of records. We saw that staff ensured people had a drink to take their medicines with if required. Staff checked with people before giving them their medicines, to ensure that they were ready and happy to do so.

# Is the service effective?

## Our findings

The service remains effective. People and their relatives told us they received care from staff that knew how to support them. Staff had undertaken training in areas such as, but not limited to, fire safety, risk assessments and safeguarding. One member of staff had recently completed a qualification to become a dementia alliance coach. This meant they were highly skilled and experienced to provide guidance to staff supporting people living with dementia. Staff confirmed that they received supervision, guidance and support, and we saw records that confirmed this.

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 application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. For most people who lived at the home an application had been made to the local authority in line with regulation. This included for them to remain at the home, the receipt of care or leaving the home unescorted. The registered manager had notified the Care Quality Commission when these applications had been declined or authorised.

We looked at how staff supported people with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is excellent. I can have my meals in my room if I want but I prefer to eat at the table, I always like what there is. There are hot drinks available all day, and in the evening there is Horlicks." We observed that refreshments and snacks, including fruit, were offered throughout the day.

Weekly menus were planned and rotated every four weeks. The daily menu was displayed on a notice board in the dining area. People could choose where they wished to eat. We saw that people were shown a prepared meal of each option to choose from. Staff knew which people were unable to wait without becoming distressed, and ensured that they were offered a meal without delay. We spoke to the homes cook who had a good understanding of specialist diets that people required, for example to help manage a person's diabetes. The meal looked appetising, and all meals were prepared daily from fresh ingredients.

People had good access to healthcare and the staff liaised with district nurses, occupational therapists and GPs when needed. One person told us, "The optician visits the home and the staff will call a doctor if you need one."

## Is the service caring?

### Our findings

The service remains caring. One person said, "I get on very well with all of the staff, I have got no complaints about them at all and they always treat me with respect".

We saw that staff were thoughtful and kind in their approach to people. Staff also acted appropriately to maintain people's privacy, especially when discussing confidential matters or supporting people. We observed appropriate humour and warmth from staff towards people living at the home. People appeared comfortable in the company of staff and had developed positive relationships with them. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

People were consulted about the care they needed and how they wished to receive it. A relative told us they were involved in developing and reviewing support plans and their views were listened to and respected. They continued and said they were involved in their relative's care, "Through everyday conversation, not formal means." They went on to say that they sat with their relative's key worker, to discuss how the person was cared for, so that the person's care plan could be updated by staff.

The people we spoke with said that they felt respected and had their privacy and dignity maintained by staff. One person's relative told us, "They [person] are treated with dignity and respect, I have recently written to the manager to express my gratitude for the way they are cared for." Staff spoken with understood their role in providing people with compassionate care and support, which included promoting people's dignity. Some people chose to spend time alone in their room and staff respected this choice. We observed staff knocking on doors and waiting to enter during the inspection.

## Is the service responsive?

### Our findings

The service remains responsive. People were able to have a bath or shower when they wished, and they were able to eat and drink when they wished. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was important to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

People had access to various activities and told us there were things to do to occupy their time. One person told us, "I enjoy the entertainment here." The home employed an activities support worker. We spoke to them about their role; they told us they arranged a programme of activities and entertainers. We saw that there were regular entertainment nights, trips to local sightseeing attractions as well as activities in the home, for example, board games. The registered manager and dementia coach had sourced activities that were suitable for people living with dementia. This included rummage boxes, mannequin for dressing and tables with an assortment of door furniture fitted. This was so that people living with dementia could experience a tactile environment which would support their daily wellbeing.

We looked at three people's support plans and other associated documentation. Everyone had a support plan, which included a series of relevant risk assessments. The plans were split into sections according to people's needs and were easy to follow and read. All files contained details about people's life history and their likes and dislikes. The profile set out what was important to people and how staff should support them. We saw the support plans were reviewed on a regular basis and more often if new areas of support were identified, or changes had occurred. The plans were sufficiently detailed to guide staffs' care practice. Staff recorded the advice and input of other care professionals, within the support plans, so their guidance could be incorporated. Where possible, people had been consulted and involved in developing and reviewing their support plan. Daily records provided evidence to show people had received care and support in line with their individual needs.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint. A relative told us, "In the first place I would speak to the manager, if they were not there, I would speak to one of the senior care staff". Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.



## Is the service well-led?

### Our findings

The service remains well-led. People told us that the home was run very well, one person said, "I see the manager regularly." A relative told us that the home was well managed and staff were very approachable. They went on to say that when the registered manager first arrived at the home, they had made a significant improvement in the quality of the home, which had been upheld since then.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of an emergency or with concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. The registered manager was visible throughout the home and accessible to staff. The staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. One member of staff told us, "The manager is really caring, supportive, I trust them." Staff told us they were part of a strong team, who supported each other. We found there to be a strong culture of good teamwork and morale amongst staff was positive.

The registered manager used various ways to monitor the quality of the service. These included, but were not limited to, audits of the medication systems, staff training, infection control and checks on mattresses, commodes and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

We noted several people had made positive comments about the service. The registered manager asked relatives and visitors, including external professionals to complete a satisfaction survey. This included specific sections within these surveys for people, relatives, and visiting professional's respectively. We saw that the results of this were very positive.

We saw there were policies and procedures, which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.