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Normanhurst Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Normanhurst Nursing home is a residential care home providing personal and nursing care to up to 31 people. At the time of our inspection there were 19 people living at the home. People had a range of nursing needs and some people were living with dementia.

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

Quality assurance systems were not effective in identifying concerns. The service improvement plan needed improvement in order to be effective. Concerns that were raised around recording were actioned following the inspection by the manager and provider.

Due to the COVID-19 pandemic, relative meetings had stopped. Relatives did not feel involved in the running of the home and told us their views were not regularly sought through other methods. However, relatives all told us they were kept up to date on how their loved ones were.

People told us they were happy with the care they received at the home. They told us they felt safe and well cared for. We observed that staff spoke to people with kindness and spent time with them. There were enough staff to support people. Relative views on staff were mixed.

Medicines were well managed and people's health needs were cared for. The home was very clean and infection control measures in place were effective.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 December 2019).

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating. This enabled us to review the previous rating. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Normanhurst Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Normanhurst Nursing Home

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.

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

This inspection was carried out by two inspectors.

Service and service type

Normanhurst Nursing home 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with four members of staff. We spent time observing interactions between staff and people. We reviewed a range of records, this included relevant parts of six people's care plans and multiple medication records. We looked at staff files in relation to recruitment and variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider in relation to the evidence found. We spoke to five members of staff and seven people's relatives. We contacted health professionals that regularly worked with the service.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

- People told us they felt safe at the home. One person said, "Oh yes, I feel very safe here. I wouldn't be safe anywhere else." A relative told us, "I'm absolutely sure [person] is safe."
- Allegations of abuse were taken seriously by the service and fully investigated and reported to relevant authorities. Actions were taken to safeguard people and staff where required.
- Staff were able to identify different types of abuse and knew how to report abuse.
- Lessons were learnt when things went wrong. For example, the manager had implemented additional competency checks for care staff who witnessed registered nurses administer medication following a medication error at the home.

Assessing risk, safety monitoring and management

- Risks to people were safely assessed and managed. People with specific risks had guidance in their care plans to ensure staff could support that person safely.
- Staff knew people and their risks well. Staff were given a comprehensive hand over sheet to read before each shift which gave detailed information on each person's needs and how they had been recently. Staff told us they would read people's care plans if they weren't sure of anything.
- People who were at risk of falls had measures in place to protect them. This included hourly checks and sensor equipment if needed. People who had bed rails on their bed to prevent them from falling when in bed had risk assessments in place to ensure they were safe to be used by the person. Where bed rails had been assessed not to be safe for a person, other measures had been put into place such as a crash mat beside the person's bed.
- Some people had catheters. Guidance for staff around how to ensure good catheter care was clear and detailed and records to show when people's catheters had been changed. Staff told us they felt confident in how to provide catheter care for people and were aware of the guidance in people's care plans.
- For one person who could become anxious at times, there was clear guidance for staff on how to help the person relax such as giving the person calm and clear instructions and offering for the person to sit in the garden with them.
- Environmental health and safety checks were regularly completed and included the management of utilities and equipment.

Staffing and recruitment

- Staff told us they felt supported and received regular supervisions.

- Staff received regular training in how to support people safely. Staff were positive about the training and told us they had found their recent manual handling and fire training very useful.
- There were enough staff to meet the needs of people living at the home. We observed that staff were able to spend time talking to people and did not appear rushed. Staff told us, "There's enough staff, we all work together and support each other."
- People told us that there were enough staff to support them safely.
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. During our inspection we identified that two staff members did not have a complete history recorded, this was actioned immediately by the staff responsible for recruitment and was added to the checklist to prevent it from happening in the future.

Using medicines safely

- Medicines were managed safely. There were systems in place to ensure medicines were ordered, stored, given and disposed of safely.
- Medicine administration records (MAR) were completed when medicines were given, the number of tablets left in the box were recorded on the MAR. This provided an ongoing audit of medicine stock.
- Some people had medicines that were prescribed for 'when needed' (PRN). People had PRN protocols in place which detailed how staff would know if the person needed this medicine if they were unable to tell them.
- Staff that administered medicines had regular competency assessments to ensure they could give medicines safely. Some medicines required one staff member and a witness to administer, all staff had received competency assessments in witnessing this type of medicine being given.
- Medicine audits were regularly completed; however, these were not always effective. One person received their medicines hidden in food or drink, this had been agreed with the person's GP and representative, but these discussions had not been recorded. This is discussed further in the well-led section of the report.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was very clean and tidy, however staff told us they did not record areas they had cleaned. This was addressed with the manager who confirmed after the inspection that this was now in place.
- We were assured that the provider was preventing visitors from catching and spreading infections. The home had a separate visitor centre where visits from friends and relatives took place. People who were not able to attend the centre received visits in their bedrooms following a risk assessment.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The service and its sister service shared a designated COVID-19 team. This staff team were responsible for ensuring all the latest government guidance was being followed, facilitating safe visiting for relatives and COVID-19 testing.
- We were assured that the provider's infection prevention and control policy was up to date. At the last targeted inspection which looked specifically at infection prevention and control, infection control audits had not been completed by the service. At this inspection, we found that these were being completed regularly.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

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 now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Quality assurance processes were not effective in identifying shortfalls at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, 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

- Although we found that risks to people were well managed, some audit processes were not effective. This had not had an impact on people but had the potential to make it difficult to identify issues at the service. For example, although people's airflow mattresses were on the correct setting for their weight and staff told us they checked these regularly, the check was not recorded. This meant that if an airflow mattress was discovered to not be on the correct setting, staff would not be able to tell how long it had been incorrect for. The manager told us this would be addressed immediately and put into place.
- Other recording issues identified during this inspection had not been picked up by the provider's audit systems. For example, the infection control audit had not identified that records of cleaning were not being kept. This was put into place following the inspection.
- The medication audit had not identified that temperature checks of the medicine trolley were not being recorded. One of the medication trollies remained outside of the air-conditioned medication room. The medication audit also did not identify that for one person whose medicine was hidden in food or drink, whilst this had been agreed by the person's GP and their representative, there was no paperwork to show this. Both these issues were actioned immediately after the inspection; however, it was not clear whether these issues would have been identified through the provider's auditing system.
- The provider's service improvement plan was not detailed enough to be effective. For example, it identified some areas for improvement but did not include information on how things were to be achieved, a measurable time scale or who would be responsible. This was an area that needed improvement.
- The manager of the service was not registered with CQC and had not yet made the decision to register. The provider had plans in place to ensure the service was safely managed in the event of the manager leaving.
- Staff were positive about the impact the manager had had on the home. One staff member told us, "[the] atmosphere is calm and relaxed for people that live there. It's real person-centred caring with [manager] there, it's all about the residents and all the residents are always smiling."
- People and their relatives were also positive about the manager. One relative told us, "[manager] seems very personable and always gives me updates."
- Statutory notifications were submitted appropriately by the provider to CQC.

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

- Relatives had mixed views about staff at the home. All relatives were positive about some members of staff but also felt that there were some staff who would not go above and beyond what they had to do for people. One relative said, "They care for [person's] physical needs but don't ever go the extra mile." We fed this back to the provider.
- The atmosphere at the home was relaxed and friendly. Staff were not rushed and spent time talking and laughing with people. People told us that they were happy with how staff treated them. One person told us that they spent time awake during the night as they were unable to sleep for long periods, the person said, "The night staff are brilliant, they spend time with me when I can't sleep and help to keep me comfortable."
- People were supported to continue their individual interests. One person told us that they used to love reading but due to a decline in their eyesight, were unable to continue to do so. The person told us that one member of staff regularly read to her about local history which was their shared interest.
- Another person had a smart TV which they enjoyed watching. The maintenance staff told us that the person's room was in an area of the home which did not have stable internet access. Staff were trying different options to improve this for the person and planned a rewire or installation if these options didn't work to ensure the person had consistent access to the WIFI.

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

- We received mixed feedback from people's relatives about feeling involved in the service. Relatives consistently told us they were kept informed of any changes or incidents regarding their loved ones by staff. However, relatives also told us they didn't feel involved in the running of the service and had not been asked for their views on the care provided. Relatives told us they had not been sent surveys or been part of any discussions about the service. We discussed this with the manager who told us they were looking to re-start relative meetings once it was safe to do so. The manager told us that he spent time talking to people living at the home about their care and checked if they were happy when he walked around the home, however we did not see any recordings of this.
- People told us that they were able to choose how they spent their time at the home. One person told us that they chose to stay in their room and didn't want to get involved in activities in the lounge. The person told us that they spent time with staff in their room reading and discussing the newspaper.
- Staff told us that they felt involved in the service and that their views were listened to.
- We saw evidence of staff working in partnership with health professionals and that where needed, services such as the speech and language therapist (SALT) and tissue viability nurse (TVN) were requested for people.