

Poole Beresford Limited

Norton House Trading as Poole Beresford Ltd

Inspection report

Norton House
Norton Street
Elland
West Yorkshire
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Tel: 01422379072

Date of inspection visit:

29 July 2020

30 July 2020

04 August 2020

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01 September 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Norton House is a care home which can accommodate up to 23 people. At the time of our inspection there were 21 people living in the home.

We carried out an unannounced comprehensive inspection of this service on 8 May 2019. Two 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 need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-led which contain those requirements. We also looked at Safe as the evidence gathered at the last inspection under this key question contributed to the breach recorded in Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Systems for assessing and managing risk had been improved. Care plans included up to date and comprehensive individual risk assessments which gave staff the information they needed to maintain people's safety. New and emerging risks including the effects of COVID-19 had been assessed.

Improvements had been made to the systems for managing medicines and regular auditing meant these systems remained safe.

Systems were in place to make sure people were safeguarded from the risk of abuse. The provider had liaised with the local authority safeguarding team to revise and improve the safeguarding policy and procedures.

Systems for recruitment of new staff remained safe and people said there were enough staff available to meet their needs in a timely manner.

Clear processes were in place to prevent and control infection within the home. The provider had been proactive in following government and local guidance in relation to managing the COVID-19 pandemic.

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; the policies and systems in the service supported this practice.

The provider had made improvements in systems for assessing people's capacity to make decisions.

The provider assessed peoples' needs before they began to use the service and regular reviews took place to make sure care plans reflected people's current needs.

People's nutritional needs were assessed, and plans put in place to make sure they were met. People we spoke with said the food they received at the service was very good.

People were supported by a range of health and social care professionals to maintain their overall health and wellbeing.

Staff received the training and support they needed to care for and support people safely and effectively.

Changes in the management structure had been effective in improving quality assurance systems.

Analysis of accidents and incidents enabled the provider to learn lessons from previous events and implement positive change.

Feedback from people who used the service and their relatives had been analysed and produced in a format which gave people an overview of the responses received.

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

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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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.

This was a focussed inspection to check whether the provider had met the requirements in relation to regulation 11 (Need for consent) and regulation 17 (Good of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Norton House 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the registered manager was also the nominated individual. The service manager had applied to CQC to take the role of registered manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to allow the provider to make arrangements in line with infection control procedures due to the COVID-19 pandemic

Inspection activity started on 27 July 2020 and ended on 5 August 2020. We visited the location on 29 July 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We requested copies of documentation relevant to the key questions we were to inspect.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the provider who is also the registered manager and the service manager. We also spoke briefly with two members of care staff and a member of housekeeping staff.

As this was a focussed inspection, we only looked at records and documentation relating to the key questions Safe, Effective and Well led. We looked at care records for five people, four people's medication records and systems for managing medication and various records in relation to monitoring safety and quality.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of records including training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found some risk assessments contained information which needed review or contained contradictory information. The lack of audit of these records contributed to the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Care plans contained up to date assessments of risk associated with peoples' care and support needs. These assessments showed the level of risk and what staff could do to help people remain safe.
- Recognised tools were used to assess some risks. These included the Waterlow assessment to monitor the condition of peoples' skin, and an assessment to determine any risk from falls.
- Where people needed additional equipment, for example to enable them to move about safely or to protect their skin when seated or being cared for in bed, this was clearly indicated in the risk assessment.
- Care plans contained information about the support people would need if there was an emergency such as a fire in the home. This information was detailed and individual to each person.
- Individual COVID-19 risk assessments had been developed and included in people's care files.

Using medicines safely

- At our last inspection we found some errors in recording information relating to medicines. We also found that although room temperatures were recorded to ensure medicines were stored safely, records showed that on occasions the room had been above a safe temperature.
- On this inspection we found systems were being followed to make sure medicines were managed safely.
- Systems for managing medicines were audited and any identified issues addressed.
- When people had capacity to manage their own medicines, they were able to do so. One person's care plan showed they wanted staff to manage their daily medicines but wished to manage their 'as and when needed' pain relief independently.

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

- The provider continued to record accidents and incidents, and report to safeguarding teams and CQC as required.
- Accidents and incidents were analysed to help identify and address any emerging trends.
- The provider had liaised with the local authority safeguarding team to revise and improve the safeguarding policy and procedures.
- Training records showed staff had received training in understanding safeguarding people.

Staffing and recruitment

- Analysis of records in relation to the three most recently recruited members of staff showed the provider was operating within policies and procedures to ensure staff recruitment was safe.
- Care plans contained a detailed assessment of people's needs to help plan staffing in the home. This showed the amount and type of assistance they needed, and the number of staff required to provide safe support.
- Review of staff rotas showed there were enough staff on duty to meet people's needs. Two people told us staff responded to their needs in a timely way.

Preventing and controlling infection

- There were clear processes in place to ensure any essential visitors to the home followed good practice in sanitising their hands and put on appropriate personal protective equipment (PPE).
- Hand sanitiser was available around the home and we saw staff used PPE appropriately.
- The registered manager had systems in place to monitor the stocks of PPE and ensure continuity of supply. They told us they kept sufficient stock to last a month at current usage levels.
- People who had started to use the service during the Covid-19 pandemic had been isolated from others to enable staff to monitor them for signs of infection. Once it was safe to do so people were able to move freely around the home as they wished.
- If people tested positive for Covid-19 they received care in their rooms and were asked not to move around the home. This was because the home was fully occupied, and a separate area could not be made available.
- Regular testing of staff and people was in place.

Learning lessons when things go wrong

- Systems for auditing included analysis of outcomes. This meant the provider was able to review any issues identified and put actions in place to prevent reoccurrence.

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 requires improvement. At this inspection this key question has now improved 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 the provider had not made sure assessments of people's capacity to make decisions were complete and clear. Documentation relating to best interests decisions made on their behalf was not always in place. This was a breach of Regulation 11 (Consent to care and treatment) 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 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 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people lacked capacity to make certain decisions, documentation to show how decisions had been made for them in their best interests was in place; this included detail of who had been involved in the process and what information had been considered in order to make the decision.
- There was an assessment in place to check whether people were experiencing any deprivation of their liberty that meant a DoLS would be needed.
- Processes were in place to ensure DoLS were applied for when needed, and applications to renew these were submitted in a timely way. Care plans included detail of what actions staff needed to take in the event of the local authority not being able to process the re-applications before the expiry of an authorised DoLS.
- Where DoLS included conditions, detail of the condition was included in the related risk assessment.

- People with capacity to do so had signed consent for their care and treatment.

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

- The provider assessed people's needs before they began to use the service. This meant the provider was able to ensure these needs could be met, for example by providing additional training for staff or sourcing appropriate equipment.
- People's care needs were reviewed on a regular basis and care plans reviewed to make sure they reflected people's current needs.

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

- Both people we spoke with said the food they received at the service was very good. They said they could access snacks and drinks as they wished.
- Care plans written to support people's nutritional health included information about factors such as other health conditions and things people may be worrying about that may influence their appetite.
- Where it was additionally important for people to maintain a healthy fluid intake, for example to maintain good skin health, targets were included to help staff understand the amount people needed to drink.
- Changes in people's weights were recorded and analysed on a monthly basis. This made sure any weight losses were recognised and appropriate action taken.

Staff support: induction, training, skills and experience

- New staff followed a twelve week period of induction. Records showed checks on their competency and knowledge were carried out before the induction period was completed.
- Training records showed staff received the training and support they needed to provide the care people needed safely and effectively.
- The registered manager explained how some training updates had needed to be postponed due to constraints of the COVID-19 pandemic.

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

- Care plans contained evidence people were supported by a range of other health and social care professionals to maintain their overall health and wellbeing.
- District Nurses supported staff with more specialised care needs.
- People had oral care plans to show how their dental health could be maintained, and we saw people had access to opticians.

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

- Arrangements had been made to make sure people were as safe as possible during the COVID-19 Pandemic. For example, a person admitted from hospital and needing to isolate was accommodated in a room with direct access to a courtyard. This meant they were able to access outside space.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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. 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

At our last inspection we found some aspects of the quality assurance system needed further improvement and management oversight. This was a breach of Regulation 17 (Good governance) 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.

- Since the last inspection, the registered manager had also become the provider of the service and was registered with CQC as the Nominated Individual. There was also a service manager in post who, along with other senior members of staff, completed auditing of all aspects of the service.
- Comprehensive audits had been completed in areas including health and safety, infection control, care plans, risk assessments, medication and environment.
- Providers monthly audits were also in place which detailed the areas audited, any issues found, and actions taken to resolve the issues.
- Analysis of accidents, incidents and safeguarding issues within the service enabled the provider to learn lessons from previous events and implement positive change.
- The service manager and provider knew what events within the service needed to be reported to us, and we received this information in a timely way.

Working in partnership with others

- The provider had taken advice from the local authority to improve some policies and procedures.
- The service manager had enrolled on a managers networking course provided by the local council.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people who used the service and their relatives had been analysed and produced in a format which gave people an overview of the responses received. People's comments both positive and negative and had been included in the overall analysis.

- Meetings had been suspended due to the COVID-19 pandemic but one person we spoke with said staff asked their opinion about the service they received.