

County Care Homes Limited

Norwood House

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Norwood House provides accommodation and personal care for up to 71 older people. There were 41 people living in the home when we inspected on 1 November 2018. The home was situated in a rural area of Middleton Moor on the periphery of the village of Saxmundham in Suffolk.

Norwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This comprehensive inspection took place on 1 November 2018 and was unannounced. Our last inspection at Norwood House in February 2018 was the third comprehensive inspection since 2016 where we had rated the home requires improvement overall. At the inspection in February 2018 we found nine breaches of the regulations. We were concerned that there were insufficient staff deployed on shifts and that people were not always treated with dignity and respect because staff were task focussed and care was hurried. We could not be confident that people always received the care and support they needed because care plans were not all reflective of people's current support needs.

We were also concerned that staff did not have a good understanding of how to safeguard adults from abuse and harm and the provider had not ensured they carried out their responsibilities to comply with the requirements of the Mental Capacity Act (MCA) 2005. In addition, notifications of events and incidents were not always submitted in accordance with statutory regulations. Due to the failure to make and sustain the necessary improvements we rated the key question of 'well-led' inadequate at that inspection.

Following the last inspection, we met with the provider to discuss the necessary actions improvements and seek their assurances that appropriate action would be taken.

You can read the reports from our previous comprehensive inspections, by selecting the 'all reports' link for Norwood House on our website at www.cqc.org.uk

During this inspection, we reviewed actions the provider told us they had taken to gain compliance against the breaches in regulations identified at the previous inspection in February 2018. Shortly after our inspection in February 2018 the registered manager at that time left employment at Norwood House. A new manager commenced in the role of general manager at Norwood House in April 2018. They successfully applied to register with the Care Quality Commission as a registered manager in October 2018. 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 service is run.

At this inspection we found improvements had been made. Work had taken place since our last inspection to improve the safety, effectiveness and quality of the service. At this inspection in November 2018 we found

two breaches of the regulations of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. This was in relation to the safe recruitment of staff and also the lack of a call bell system which enabled people to seek staff assistance from their bedrooms. We also made a recommendation in respect of the ongoing close monitoring of staffing levels and a recommendation about end of life care. We also found that the work to improve the service was in its early stages but clearly underway and the new management team which consisted of the recently registered manager and a new deputy manager were committed to ensuring the required improvements took place. At this inspection we found further improvements were required to ensure a consistent delivery of safe care and treatment that could be evidenced in the longer term. You can see what action we told the provider to take at the back of the full version of the report.

Risks to individuals were not always assessed and measures to mitigate risk were not always in place. For example; there was a lack of effective risk assessments for people living with dementia accessing the staircases without staff support. People in their bedrooms continued not to have a means of calling for help or assistance from staff should they have needed to. Recruitment processes were not robust and the necessary pre-employment checks were not carried out prior to the staff member commencing work.

People's access to their own bedrooms was restricted through the action of staff locking their bedroom doors during the day time to prevent other people living at the home accessing their bedrooms.

Improvements were noted to the staffing levels and permanent staff were now supported by agency staff where gaps in staffing occurred. There had been improvements to staff training arrangements. Staff had received an induction and had increased access to appropriate training both through eLearning and face to face training. People and their relatives felt that staff had adequate knowledge and skills to meet their needs effectively.

People's health needs were assessed and managed by the staff team with support from a range of health care professionals. Referrals were made when needed and advice given by health professionals was followed. People's nutritional needs were assessed and they were helped to eat and drink enough to maintain a balanced diet.

People received a service that was caring. Staff knew people's needs well and were responsive and supportive. Staff treated people with dignity and respect.

There were improvements in the management of the service and the registered manager had submitted notifications to CQC for notifiable incidents, such as allegations and incidents of abuse and significant events that affected the smooth delivery of services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider's recruitment processes were not robust and did not always ensure the necessary pre-employment checks were completed.

Risks to individuals were not always assessed and measures to mitigate risk were not always in place and monitored. People did not have access to a call bell system to call for staff assistance.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Staff knew how to protect people from the risk of abuse and how to report any concerns.

People received support to take their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service was not always compliant with the Mental Capacity Act 2005. People did not have free access to their bedrooms and had to ask staff to unlock their doors.

Staff were provided with supervision and had received relevant training to support them in their roles.

People had been supported to receive on-going healthcare and to eat and drink enough to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

People's privacy and dignity were respected.

Is the service responsive?

Good 

The service was responsive.

People were involved in a range of activities according to their preferences and interests.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Although quality assurance processes had been strengthened, they had not identified the concerns and shortfalls that we identified at this inspection.

The registered manager demonstrated open, transparent and effective leadership.

People, their relatives and staff felt the service had improved since the current registered manager commenced employment.

Some incidents which occurred at the home had been notified to the Care Quality Commission in accordance with the regulations.

Norwood House

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 1 November 2018 and was unannounced. The inspection team consisted of two inspectors, an assistant 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.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as statutory notifications. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with six people living at the service and observed care and support being provided in communal areas. We also spoke with the relatives of a further three people. We spoke with six members of care staff as well as the registered manager, the deputy manager and kitchen staff.

We reviewed six people's care records in detail including their daily records, fluid and repositioning charts where applicable. We checked a sample of medicine administration records (MAR) and reviewed the medicine management procedures in place. We looked at seven staff recruitment files.

Is the service safe?

Our findings

At our last comprehensive inspection in February 2018 we rated this key question 'Requires Improvement'. The service was in breach of several regulations including Regulations 13, 15, 18 and 19 of HSCA RA Regulations 2014. These breaches related to failings in safeguarding service users from abuse and improper treatment, concerns regarding the premises and equipment because the system of people calling staff for assistance at the home was not safe. In addition, the premises and equipment were not maintained to acceptable standards of hygiene. There were insufficient numbers of staff to meet people's needs safely. And the provider's recruitment processes were not robust.

At this inspection we found a number of improvements had been made. Staffing levels had been increased and agency staff were used to cover any vacant staff hours. Staff knowledge of safeguarding people had improved, and the new registered manager had appropriately been raising any safeguarding incidents with the local authority and CQC.

Despite the improvements noted above we still had concerns about the safe recruitment of staff. At our last inspection we were concerned that people were not always protected by robust recruitment procedures. At this inspection we continued to have concerns about the lack of a robust recruitment practices. Recruitment of new staff was undertaken by the registered manager and deputy who interviewed prospective staff. One of the home's receptionists then applied for the relevant checks and references and one of the directors of the provider company was responsible for confirming when a successful job applicant was able to commence employment.

We found that the appropriate checks for several staff had not been undertaken. One member of staff was dismissed from employment as they had been permitted to start work prior to the appropriate Disclosure and Barring Service (DBS) checks being received and once the information was received with information of concern, a decision was made by the provider not to continue their employment. Gaps in other staff's employment history recruited since our last inspection in February 2018 had not been explored with them. The provider was still not following robust recruitment processes to ensure only suitable people were employed and they were not meeting the requirements of Schedule 3 of the Act.

These concerns constituted a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our visit the registered manager told us of improvements they were making to the recruitment practice such as the inclusion of the interviewer's name on the interview paperwork, which wasn't previously recorded.

At our last inspection we were concerned that people who were alone in their bedroom had no means of calling for assistance or help. The system in place for people to call staff for assistance at the home consisted of pressure mats on the floor that they needed to step on in order to activate an alarm to notify staff. At this inspection we found that improvements had not been made. There was no call bell system in

place that people could use to call for staff assistance during the day or night. The registered manager confirmed that there was no call bell system in place and showed us the only alternative which were pendants that could be pressed to call for staff assistance however they told us there were not enough of these for people who needed them. This meant that people still had no means of calling for staff assistance during the day or night without getting up and walking on their pressure mat if they had one. The registered manager told us she would review this with the provider.

We discovered evidence which demonstrated that risk management practices were not robust and needed further improvements. The individual risks to people's safety and wellbeing had not always been assessed and recorded. The risk of people potentially falling on or down the stairs had not been considered and the staircases within the home were freely accessible to all people living there. During our visit, along with the registered manager, we observed one person who was at risk of falls, walking unsteadily on one of the staircases. Care staff, when they became aware, were concerned that this person was at risk of falling on the stairs based on their knowledge of the person's mobility and immediately attended to support them. The lack of risk assessment for the stairs meant there was no guidance for the staff on how to mitigate these risks and support people in safe and unrestrictive ways. Following our visit, we requested that the registered manager write a risk assessment to cover the staircases. The risk assessment we received covered what action the staff were to take in the event of people falling on the stairs however it didn't consider the action staff should take when people did not have the mental capacity to understand the risks associated with them walking up or down the stairs.

These concerns and the lack of action taken by the provider in this respect constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at other risk assessments and care planning documents, and found recognised tools such as a pressure ulcer risk assessment and nutrition screening tool were used. These helped assess the level of risk for people. Where people had risks associated with their care, the required equipment had been identified.

At our last inspection we were concerned that staffing levels were not sufficient to provide the support that people needed. At this inspection we found that improvements had been made and that the provider had started using agency staff to support the staffing establishment at the home and where vacancies existed. The registered manager told us they were always looking to actively recruit to ensure they had ample staff.

People and their relatives were mostly positive that there were enough staff to meet people's needs in a timely manner. However, some relatives told us there were occasions when staffing levels impacted on their family member's care. One person's relative said, "[Family member] does sometimes get up too late because they [staff] are so stretched that [family member] has to wait their turn. It could mean [family member] is in bed as late as 11am on a Saturday."

All of the staff that we spoke with during our visit told us there had been improvements in the staffing levels at the home since our last visit and that mostly they had the staffing levels needed. They told us that the use of agency staff to fill any staffing gaps was now commonplace and that this had a positive impact across the home. One member of staff told us, "It's got better since the new [registered] manager started. We're getting more staff. Now we use agency which we didn't before." Another member of staff commented, "We still have days we're short staffed but we can use agency now."

A healthcare professional however contacted us to express concerns about the staffing levels, "Unfortunately, the staffing levels have not improved. ... There are occasions where agency staff have been employed but I have been made aware of the challenges by some of the staff."

On the day of the inspection we observed there were adequate numbers of staff to meet people's needs. We reviewed the staffing rotas for six weeks preceding the inspection, including the week of our visit. We found that the staffing levels set by the service had mostly been met. We could see from the rota's and also during our visit that agency staff were used where appropriate to provide cover for any absences. The registered manager told us that they were using the same agency staff wherever possible to improve consistency and ensure people were cared for by staff who were familiar to them.

We recommend that the provider continues closely monitoring and reviewing staffing levels using an effective tool and through communication with staff to ensure people's needs continue to be met in a timely manner.

People told us that they felt safe living at Norwood House. One person said, "Of course I feel safe. I'm happy here with nothing to worry about." Another person said, "I'm really comfortable here. I like it a lot and I feel safe because I have everything I need here and so I just don't worry about anything." Relatives were also confident that their family member was safe at the home. One relative said, "I am very reassured by what I see, which gives me confidence my [family member] is safe here and in the right place." Another person's relative told us, "I always leave here [Norwood House] confident that [family member] will be well looked after."

At our last inspection we were concerned that there was inconsistency in staff knowledge of safeguarding procedures. At this visit the staff we spoke with had a clear understanding about different types of abuse and what they would do if they had any concerns. The registered manager ensured staff received training about this during their induction and at regular intervals. The registered manager had responded appropriately to safeguarding alerts, reporting these to the correct authorities, and working with them to investigate concerns and protect people from further harm.

Medicines were safely managed. Senior staff who were responsible for the administration of medicines had undergone training in medicines administration and safety and their competencies were checked by a senior member of staff. Storage of medicines was secure and stock balances were well managed. Records were detailed and well kept. Staff were observed administering medicines appropriately and safely. Staff told us they were confident that people received medicines as they the prescriber intended.

Systems were in place to help reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) by staff such as disposable gloves and aprons. Staff received training in infection control and were clear of their role in this. We observed staff hand washing at frequent intervals. There were no infection control audits in place, however the registered manager showed us a copy of one they had devised and were planning to implement at the home.

Is the service effective?

Our findings

At our last comprehensive inspection in February 2018 we rated this key question 'Requires Improvement'. We found a breach of Regulation 11 HSCA RA Regulations 2014 need for consent. Consent to care was not always sought in accordance with legislation and guidance. We also found a breach of Regulation 14 HSCA RA Regulations 2014 meeting nutritional and hydration needs. People's nutritional needs were not always met.

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection we found that the provider had not ensured they carried out their responsibilities to comply with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). At this inspection we found that improvements had either been made or the registered manager had identified the work that needed to be undertaken and had mostly commenced this already.

Improvements were required to ensure all mental capacity assessments undertaken were decision specific and supported by best interests records where people lacked capacity to make certain decisions. We also found consent records had not always been completed by the appropriate person. The registered manager was aware of this and had already begun to implement the necessary changes and informed us that they were systematically reviewing the records and undertaking new MCA assessments.

However, we found a culture and practice of staff locking people's bedroom doors when they got up and left their room in the morning so that no other person could enter their room during the day. Whilst this wasn't an issue or concern for some people who didn't want to frequent their room during the day, for others it meant they had to ask staff to unlock their door each time they wanted to go into their bedroom. There was no best interest assessment in place to support this decision which was a deprivation of people's liberty. The registered manager told us they had also noted this when a person kept coming to ask her to unlock their bedroom door for them throughout the day. They assured us they were looking to rectify this culture with the staff team.

We had been concerned at our last inspection that the recorded conditions in any authorised DoLS were not being adhered with. At this inspection we found the necessary improvements had been made and the

conditions were now being complied with. For both people's records we reviewed, specific care plans and guidance had been put in place covering their individual support needs. Staff had some understanding of the MCA and we observed staff seeking consent from people using simple questions and giving them time to respond. The registered manager told us staff had attended face to face MCA and DoLS training since we last inspected the home.

At our last inspection we were concerned, staff told us the training they were supplied with did not meet their learning needs and as a result they felt unable to deliver effective care to people. At this inspection we found that the registered manager was making the necessary improvements and had identified the training needs of the staff and had already commenced implementing these. Staff had access to and were undertaking a wider range of training both electronic eLearning and also face to face training. A person's relative told us how they felt their family member received good care because staff were knowledgeable. The relative said, "They [care staff] 100% know how to support people living with dementia. They are especially good with new people who may be confused by the changes."

Staff were having increased support through more frequent one to one supervision sessions than when we last inspected. This meant they were able to discuss their work role with their line manager and raise any individual support and learning needs as well as having their performance reviewed with them.

Improvements had been made to the meal time experience at Norwood House and people and their relatives were positive about the meals provided. One person told us, "There is a choice of food to satisfy everyone. The chef has got to know what I like and they'll adapt my meal if I want." A person's relative commented, "The food looks good and I know I can stay for a meal if I want. I like the fact the tables are set with serviettes." Another relative said, "I do eat here and the food is very good, with variety and choice."

Most people ate in the large dining room adjoining the kitchen, however the choice by other people to eat in a lounge or their bedrooms was respected by staff. A person commented, "I eat in my room because that's what I want to do. I like it like that. The food is lovely and there's a choice for me. They show me the menu in the morning." We saw the tables were set with table cloths and condiments were available. Staff were available to support and encourage people with their meals as needed and we overheard friendly comments such as, "Would you like to try using the fork yourself?" and, "Why not give the runner beans a try? They are very tasty. Did you enjoy them?" We saw one care staff bent down to a person who was seated and spoke gently, "What would you like to drink [person]? I expect it will be blackcurrant knowing you."

Menus were available on the tables detailing the choices of food available. The chef told us, "If people want something different that's fine. They can have what they want as long as we've got it in the kitchen."

The registered manager told us of the improvements she had made to the dining experience since commencing employment, "Staff offer two plates of food now so people can visually see the choices. The dining room is my next project, I plan to have the chefs out of the kitchen serving meals and not through a serving hatch as it is now. I also plan for a more interactive kitchen so people can help out more."

We saw that people were offered regular snacks and hot or cold drinks. The chef had a good understanding about people's individual needs and specialist diets, such as diabetic diets, pureed food and fortified diets. Improvements had been made since our last inspection and people's nutritional needs had been assessed and recorded. Food and fluid intake was recorded where needed and action had been taken when people's weight or nutritional intake had changed. One person told us about their access to drinks, "There's water by my side in the chair and by my bed." Another person's relative said, "[Family member] always has water by [their] side and drinks are served regularly."

Staff helped people to access healthcare services when they needed to. We saw evidence of the involvement of community healthcare professionals in people's care records. The registered manager or deputy manager met with people and their relatives prior to them moving to the home. They used this information to complete a pre-admission assessment which was in line with current legislation and good practice guidance. This enabled them to identify people's care and support needs.

We looked at how people's needs were reflected in the adaptation, design and decoration of the premises. Areas of the home required updating and redecoration such as the dining area where there were several curtains missing from the windows. The registered manager told us this was due to someone who used to live at the home pulling them down. Other communal areas had scuffed paintwork and damage to the woodwork.

Many people living at Norwood House were living with dementia and as such the registered manager and staff team had sought to make the environment interesting and inviting with items of reminiscence and objects to engage people. Accommodation continued to be provided over two floors with two passenger lifts available for access to the first floor. A number of communal areas continued to be available which gave people the opportunity to spend time in a quiet room or a space to meet any visitors they may have had. Toilets and bathrooms continued to be clearly marked to encourage independent use and help people who might have difficulties orientating around the premises.

Is the service caring?

Our findings

At our last comprehensive inspection in February 2018 we rated this key question 'Requires Improvement'. We were concerned that there were insufficient staff deployed on shifts and as a result people were not always treated with dignity and respect because staff were task focussed and care was hurried. At this inspection we found improvements had been made. The provider had authorised the use of agency staff within the home to cover any staffing vacancies whilst permanent recruitment to the vacant posts took place. Staff told us this enabled them to spend more time with people and provide their care when people wanted it. People's relatives spoke very highly of the caring nature of the staff and noted the improvements that had been made since we last visited.

People spoke positively about their care and the staff who delivered it. One person told us, "Both thumbs up to the quality of care. They [care staff] speak to me by name and I can chat to them freely. They are very respectful. I feel that they care about me and the person that I am." Another person said, "Everyone is so kind. The carers talk to me and make me feel I am a person who matters to them."

People's relatives were also complimentary about the caring nature of the staff. One relative commented, "The carers are so respectful and have incredible knowledge of [people]. When [other family] come over the staff are lovely to them too. It's an inclusive home. This is a place I'd describe as, life, living, laughter." A third relative said, "The staff are delightful; so lovely. They always acknowledge my [family member] and find time to have a conversation with [them]. They ensure [family member's] dignity is maintained and they are very respectful. There are some outstanding members of staff." A fourth relative commented, "I called in one night and they were tucking [family member] into bed and doing it so kindly and gently."

Staff had evidently developed positive, caring connections with people living at the home. All staff were observed interacting with people with warm heartedness and well received affection. Staff were busy but care and support was unhurried creating a relaxed atmosphere throughout the home. At times, some people became anxious which began to manifest into some very mild aggression towards themselves and others. We saw that staff intervened quickly and diffused the situation with kindness and responded appropriately with compassion.

We saw evidence in people's care records that they and their relatives had been involved in the care planning process wherever possible. Some relatives told us they had been involved in the planning and review of their family member's care however one person's relative said, "I know there's a care plan but I'm not sure what's in it. They change things, but don't discuss it unless it affects us."

Staff we spoke with knew people well, in terms of their needs and their preferences. They knew people's routines and how they liked to be supported, such as what they liked to eat and drink and how they liked to spend their time.

People were encouraged to be as independent as possible and had their privacy respected. One person's relative told us, "They [care staff] are respectful of [family member] and maintain their dignity. If [family

member] is anxious or upset, there's someone to put an arm round them." People's relatives and friends were welcome to visit without restrictions. They said they were made to feel welcome.

Is the service responsive?

Our findings

At our last comprehensive inspection in February 2018 we rated this key question 'Requires Improvement'. At that inspection we found a breach of Regulation 9 HSCA RA Regulations 2014 person centred care because the care provided did not meet people's individual needs and preferences.

We were not confident that people always received the care and support they needed. At this inspection we found improvements. The new registered manager had identified the developments needed in the care plans and had started to implement this piece of work.

The registered manager along with the deputy manager and team leaders were reviewing the care plans to ensure that they were more person centred and reflected people's individual choices and preferences. The deputy manager told us how the care plans were a "work in progress" and that they had made a good start on reviewing and rewriting them all. In the meantime, we found that staff knew people well and agency staff were consistent, so they were not dependent on accessing the care plans on a frequent basis.

People told us they received care that reflected their individual needs and preferences. One person said, "They take me off for a bath when I want one as I prefer that to a shower." Another person commented, "I can ask them anything and they'll do it for me."

Relatives we spoke with told us improvements had been made at the home and that they felt staff were now more responsive to their family member's care needs. One relative said, "They are aware of my [family member's] sensitivity to and love of sound. They play music and put on a specific CD for them." Another relative commented, "[Family member] goes to bed when [they] want and if [family member] wants to stay in for longer that's fine with them." Another relative told us, "I attended a meeting and said I felt they needed a DAB radio. One was handed to me to tune in within days."

People were supported to access a range of activities within and externally of the home. One person said, "There are exercises and quizzes that I take part in, but my favourite things are my crosswords and TV that keep me occupied. I'm a busy person." Another person's relative told us, "There have been visits to Aldeburgh and the park in the village. Music, arts and crafts and gardening are offered at various times too." A second relative added, "The activities' co-ordinator, is here there and everywhere. [Activities staff] is a ray of sunshine and gets [people] involved."

We observed minimal activities taking place during our visit however the activities member of staff was away from work. In their absence we did observe a member of staff trying to engage people in a game of skittles in one of the lounges. The provider produced a newsletter each month and sent us copies depicting the wide range of activities undertaken at the home and the responses of people spoken with indicated that there was a variety of activities on offer on a weekly basis.

There continued to be a complaints policy and procedure in place. People and their relatives that we spoke with were clear how they would raise a concern if they had one. We saw that any complaints received were

investigated and responded to in line with the provider's policy by the registered manager and also the provider where necessary.

We looked at how the registered manager and staff cared for people who were nearing the end of their life. Records we viewed did not have evidence to show that people had been given the opportunity to discuss their end of life preferences. The registered manager told us there was no provider policy on end of life care and at the present time there was nothing within people's care plans relating to end of life wishes and advanced care planning. They also told us this was something they were looking to put in place and was part of the work they were assuming.

We recommend the provider review end of life arrangements in place to ensure people's wishes and preferences are clearly incorporated into their care records.

Is the service well-led?

Our findings

At our last comprehensive inspection in February 2018 we rated this key question 'Inadequate'. We found two breaches of the regulations. Regulation 17 HSCA RA Regulations 2014 good governance because the provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. We also found a breach of Regulation 18 Registration Regulations 2009 notifications of other incidents because the provider failed to notify CQC about all safeguarding allegations or incidents.

At that inspection the governance of the service was not effective or robust and this was evidenced by the lack of oversight which resulted in the findings and judgements we made. That inspection was the third comprehensive inspection since 2016 where we have rated the home requires improvement overall. We had also found nine breaches of the regulations at that inspection. At this inspection we found there were improvements that had been achieved since the current registered manager commenced working at the home. We discussed with the registered manager work still needed to make the essential developments and the need to continue to maintain, build and embed the progress that had been made so far.

The registered manager commenced employment at the home in April 2018 following the departure of the previous registered manager who had been in post at our previous inspection in February 2018. The current registered manager had quickly identified the areas of the home which required development and had initially started working to a 'home improvement plan' which they had since stopped using. We spoke with the registered manager about keeping a clear record and track of the work they were undertaking and they agreed to put their action plan back in place to enable them to clearly identify progress. The registered manager also volunteered to send CQC a copy of their action plan monthly so that we too could see the progress being made.

People we spoke with were positive about living at the home and the impact the new registered manager and deputy manager were having. One person said, "This place is good for me so it must be run well. I'd recommend it to anyone." People's relatives were also optimistic about the changes being made by the new registered manager. One relative said, "I have met the [new] managers. I have no experience of other homes but I can only speak highly of this one. There have been too many changes of staff but it seems to be working well." Another relative commented, "There have been lots of changes, but things are more settled at the moment and the managers [registered manager and deputy] are pleasant."

We found the registered manager was motivated to make a difference at the home and committed to making the necessary changes as identified at our last inspection. Staff we spoke with were positive about the management changes, which also included the new deputy manager, also recently recruited. One member of staff told us, "New [registered] manager is very supportive, she is very firm but approachable. The home [Norwood House] feels much more professional, how it should be." Another member of staff told us, "A lot has improved here. I was going to leave [after last inspection] but the new [registered] manager is brilliant. It's going to take time but I can see improvements. We're listened to, there is a happier atmosphere... I'm glad I stayed."

The registered manager was open to discussion and our feedback about the home and had clearly gained the support and respect of the staff team in the short time they had been at the home. They told us about their management style, "I am open, honest and I have a literal open door. I keep the office door open as much as possible. People come and sit with me. Staff know where I am. I think I am approachable. I work every other weekend and help staff wherever needed."

Part of the improvement work needed included the issues we have identified in the key question of 'Safe' within this report. The safe recruitment of new staff needed improvement which was a continued breach of the regulations at this inspection. We were also concerned that not only was there no risk assessment in place covering the use of the stairs at the home but that once we asked for a risk assessment was put in place it was not effective at considering the risks to people who lacked the mental capacity to assess the risks to themselves of using the stairs.

The provider or their representative made regular visits to the home to review the quality of the care delivered and we saw that any actions they felt necessary were followed up in a management meeting with the registered manager and deputy manager. There were also regular audits undertaken to monitor the quality of service people received in areas such as the safe management of medicines.

People were enabled and encouraged to express their views. The registered manager created opportunities to receive feedback from people and their relatives. Meetings were coordinated throughout the year during which people and their relatives were invited to attend. The directors of the provider company also offered relatives the opportunity to attend one of their monthly 'surgeries' held at the home where they could discuss any aspect of their family member's care.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Providers are required to notify CQC of important events such as allegations of abuse, deaths or serious injuries. The registered manager demonstrated a good understanding of when to send notifications to CQC when we spoke with them.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected by robust risk assessments. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not always protected by robust recruitment procedures. |