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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Norwood House provides accommodation and personal care for up to 71 people, the majority living with dementia.

There were 43 people living in the service when we inspected on 15 November 2016. This was an unannounced inspection.

There was no registered manager in place. 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. A new manager was employed in the service since September 2016, they were in the process of completing their registered manager application.

At our comprehensive inspection of 11 April 2016, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which were: Regulation 9 Person centred care, Regulation 11 Need for consent, Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 20 Duty of candour. At our focused inspection of 14 September 2016 we found that improvements had been made in Regulation 20 Duty of Candour.

You can read the report from our last comprehensive and focused inspection, by selecting the 'all reports' link for Norwood House on our website at www.cqc.org.uk.

This comprehensive inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 11 April 2016 had been made.

In the short time that the manager had been working in the service there had been significant improvements made. However, some of these were ongoing and not yet fully implemented, sustained and embedded in practice. The manager was fully aware of the improvements they still needed to make and had plans in place to implement these. Improvements had been made in the service's quality assurance processes which were used to identify shortfalls and address them. There was now a system in place to manage complaints and these were used to improve the service.

Some improvements had been made in the safe management of medicines. However these were ongoing and further improvements were needed to ensure people are provided with their medicines safely at all times. There were systems in place to store, obtain, dispose of and administer medicines safely and to maintain records relating to medicines management.

Some improvements had been made in people's care panning documents. However, these were not yet fully implemented and further improvements were needed to show how people were provided with person centred care which was tailored to meet their specific needs. Further improvements were needed in how

staff responded to people's needs.

Staff had been provided with training relating to their work role. However, the manager was in the process of assessing the training received by staff and what they needed to meet people's needs effectively. We have recommended that the service seek training for staff which is specific to the needs of the people using the service.
Improvements had been made and the service was up to date with the Mental Capacity Act (MCA) 20015 and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People were provided with the opportunity to participate in meaningful activities. People were treated with respect and care by the staff working in the service.

Staff were trained in safeguarding and understood their responsibilities in keeping people safe from abuse. Where incidents had occurred actions had been taken to reduce future risks.

There were sufficient staff numbers to meet people's needs safely. Recruitment of staff was done safely and checks were undertaken on staff to ensure they were fit to care for the people using the service.

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.

Some improvements had been made in the safe management of medicines. However these were ongoing and not yet fully implemented.

Some improvements were needed in how the service ensured people's safety on a daily basis.

Where safeguarding issues had occurred the service took action to reduce the risks of these happening again.

There were sufficient staff numbers to meet people's needs safely. The systems for the safe recruitment of staff were robust.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Ongoing improvements were being made in staff training relating to people's needs. This included the manager was checking what training staff had been provided with and needed.

Improvements had been made in how the service met the requirements of the Mental Capacity Act 2015. The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were needed in how people's wellbeing and needs were assessed and planned for to ensure their individual needs were being met. Some improvements had been made and these were ongoing.

Improvements were needed in how the service responded to people's needs.

People were provided with the opportunity to participate in meaningful activities.

There was a system in place to manage people's complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements had been made in the quality assurance system which identified shortfalls. The manager was fully aware of further improvements needed and these were in progress. Therefore the service continued to improve. For this outcome to be good the improvements need to be sustained and embedded in practice.

The service provided an open culture. People were now asked for their views about the service.

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 was planned to check 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 unannounced inspection took place on 15 November 2016 and was undertaken by two inspectors 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. Our Expert had experience of caring for older people.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with eight people who used the service and five relatives. We observed the interaction between people who used the service and the staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us.

We looked at records in relation to seven people's care. We spoke with the manager, two directors and eight members of staff including the deputy manager, care, activities and catering staff. We also spoke with a visiting health professional. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service. Prior to our inspection we received feedback from the local authority.

Requires Improvement

Is the service safe?

Our findings

Our last comprehensive inspection of 11 April 2016 found a breach of Regulation 12 Safe care and treatment relating to the safe management of medicines. The provider sent us an improvement plan and told us about the actions they were taking to address the shortfalls. During this inspection we found that improvements had been made, including improved completion of medicine administration records (MAR) and the protocols in place for medicines that were prescribed for administration 'when required' (PRN). However, these were ongoing and not yet fully implemented to ensure that people were provided with their medicines safely at all times.

Improvements had been made in MAR which were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. Where there were gaps in the MAR this had been picked up by the medicines audits and actions were being taken to ensure that people were provided with their medicines as prescribed. There were still issues with how topical medicines, such as creams, were recorded to show they had been administered. The manager told us that this was an ongoing improvement and that staff had been advised the importance of ensuring these were completed appropriately to show that people had received all of their prescribed medicines, including creams.

For people who were provided with their medicines hidden in, for example food or drink, the service were not following their own processes. The GP had signed the covert documents but there was no information to show how the person, relative or pharmacy had been consulted, for example to identify if the medicines strength was diminished if hidden in food, for example with capsules. We spoke with the manager about this who assured us it would be dealt with.

On the day of our visit one person's relative told us that they had found a partly dissolved tablet in the person's bag. We reported this to the manager who assured us that they would look into this and ensure that people are seen taking their medicines before they were signed for. People told us that they were satisfied with the arrangements for their medicines administration. One relative said that they felt that the person was given their medicines on time and safely.

One staff member told us that they had recently undertaken medicines training and had competency assessments to ensure that they managed medicines in a safe manner.

Where people were prescribed medicines to be taken as required (PRN) to reduce their anxiety, improvements had been made since our last inspection of 11 July 2016. Detailed protocols were now in place to guide staff at what point these medicines should be considered for administration. This reduced the risk of inappropriate administration of PRN medicines.

Some improvements were needed in how the service ensured people's safety on a daily basis. For example, some arm chair and sofa cushions in the larger lounge were missing, despite this people sat in these chairs. A staff member told us that they thought these were being steam cleaned. We spoke with the manager about this and the potential risk, for example, a person could lose their balance and fall into the chair

because of the height difference caused by the missing cushion. They advised that they would address this, for example by looking into extra cushions to use when others were been cleaned. People in the lounge did not all have access to tables, for example to put their drinks. One staff member gave a person a drink and said it was very hot but there was nowhere for them to rest it. We pointed out to the manager who said that they had seen tables in the storage area and would get these out.

One relative commented, "I am concerned that [person's] legs are down and not up as they should be. And [person] is not wearing socks and slippers so [person's] feet must be cold." After our conversation the relative spoke with a team leader who ensured that the person's legs were elevated. We spoke with the manager about several people wearing no footwear during the day which could put them at risk of stepping on something or lead to poor infection control. Another staff member had told us that this was people's choice. The manager said that they intended to check that this was people's choice and if they had items such as slippers that they may like to wear. A pressure mat placed in front of a person in the lounge was dirty which did not promote the person's dignity and could be a cross infection risk. Once we pointed this out to the manager they spoke with staff and it was cleaned immediately.

People told us that they were safe living in the service. One person said that they felt, "Safe and comfortable." Another person commented that they felt safe when they were supported to mobilise by staff. One person's relative told us how they felt that the staff were attentive and made sure that their relative was safe, "I can go away happy." Another relative said, "It is wonderful in here. [Person] has a nice room, and has 24 hour care. [Person] is safer than [person] was at home. I'm confident that [person] is cared for well." Another relative commented that they were, "Always satisfied with the care. I never thought that [person] wasn't safe."

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. Where a safeguarding concern or incident had happened, the service had taken action to report this to the appropriate organisations who had responsibility for investigating any safeguarding issues. The service had taken action to reduce the risks of future incidents, which included disciplinary action, further assessment of risk and measures to reduce these.

When incidents had happened, for example between people who used the service actions had been taken to reduce these incidents happening again and people had been reassured. Staff had contacted people's representatives, informed them of the incidents and provided an apology. This was in line with the provider's duty of candour policy. Since our last inspection the staff team had signed to confirm that they had read and understood the duty of candour policy and procedure, which was also displayed in offices. In addition all incidents, following investigations by the safeguarding team, had been investigated and documents were in place to show future risks were minimised, this included completing specific risk assessments. One person's relative told us about the systems in place to keep their relative safe following an incident, "They keep [person] this end now where there are more people around to watch [person]."

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. The risk assessments were regularly reviewed and updated. Where people were at risk of developing pressure ulcers, systems were in place to reduce these. This included seeking support from health professionals. Where people were at risk of falls actions were taken to reduce future risks. For example, one person's relative told us that the person was at risk of falling and, "[Person] has a contact mat now." The use of contact mats in people's bedrooms alert staff if there is any movement by people, for example, getting up from a chair or bed. The relative also said, "There seems to be enough staff around and they check on [person] quite often. I don't worry about [person]

now." Guidance was in place for staff which included a protocol they should follow in the event of a person having a head injury and a list of medicines which could increase the risk of falls. However, in one toilet the call bell was tied up, so it would not be accessible to a person if they fell to the floor.

Risks to people injuring themselves or others were limited because equipment, including hoists and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. There were also records in place to show that there were systems to check the risks of legionella bacteria in the water in the service. The manager told us how they had acted on guidance received from the local authority and now had a business continuity plan in place which identified actions to take in case of an emergency. Prompt action had been taken to reduce the risks associated with recent incidents of burst pipes to ensure that people were safe. This meant that people were provided with a safe environment to live in.

One relative told us that when they visited the person they felt that there were enough staff to meet the person's needs and that when they had requested assistance this was done promptly. A health professional said, "There are lots of staff around and residents are well cared for both medically and psychologically. The care is excellent." One staff member told us that they felt that people were safe and their needs were met. Another staff member described the staffing levels as, "Good." Another said, "Very good staffing levels." The manager told us how staffing levels were amended according to the numbers of people using the service.

There had been recent changes in the way that the rota was managed, which staff told us was positive. One staff member said that staffing levels had, "Gone up amazingly, much better," and, "New deputy manager started, evened out the rota." They felt this gave a better distribution of how staff were deployed.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Requires Improvement

Is the service effective?

Our findings

Our last comprehensive inspection of 11 April 2016 found a breach in Regulation 11 Need for consent. Improvements were needed in how the service recorded people's consent and how they complied with the Mental Capacity Act 2015. The provider sent us an improvement plan which identified the actions they had taken to address this. During this inspection we found that improvements had been made.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager understood when applications should be made and the requirements relating to MCA and DoLS. Applications had been made as appropriate to ensure that any restrictions on people were lawful. There was now information on people's DoLS status in the team leader's and manager's office. When we spoke with a staff member about DoLS they referred to this document when telling us about the people who had an authorised DoLS in place and where referrals had been made but no authorisation had yet been received.

People told us that the staff asked for their consent before providing any care. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Care records now identified people's capacity to make decisions. One person's relative told us how a decision had been made in the person's best interests regarding hospital treatment and that their views were listened to and respected.

The manager told us that they were in the process of identifying if there were any shortfalls in training and taking action to ensure that all core training was up to date. They had gained access to the training provider's system to help them to do this. The current training matrix in place did not correspond with the training certificates in staff member's personnel files. The manager told us that the administration staff were updating these records to show the most current information. This meant that the service could not yet be assured that all staff had received all the training they required. The manager also told us that there was a planned support visit due with the local authority and they were going to speak with them about any workshops or further training they could access.

One staff member told us how colleagues undertaking train the trainer courses in moving and handling had

improved the service provision to people. This meant that new staff could be promptly provided with moving and handling training. We observed two staff members assisting a person with standing using their walking frame. One advised the other of appropriate ways of supporting the person, including where they should place their hands. When we spoke with one staff member following this they told us that the staff member was new and they were ensuring they were supporting people safely. We also identified two more instances where moving and handling could be improved. We spoke with the manager about what we had seen and they assured us that they would look into each incident and check that the moving and handling training was effective.

One staff member said, "There is not so much training to deal with difficult behaviour, but new staff get to learn by seeing how we handle with it." Our last comprehensive inspection of 11 April 2016 we were told by the then deputy manager that they were looking into providing additional, as well as the current managing challenging behaviour training in people's specific behaviours linked to their conditions to staff. At this inspection the manager was in the process of checking the training needs of staff. Due to the recent notifications that the service had sent to us relating to incidents between people, this is particularly important to ensure that staff are trained and confident in supporting people with behaviours that may challenge others and distress reactions relating to dementia.

We saw one person coughing when being assisted by a staff member to eat their meal; they sought guidance from other staff and provided the person with a drink. We spoke with the staff member who said that they had not been provided with training in how to support people who may be at risk of choking. Although the person had been supported and they no longer coughed, this could be a sign that the person had difficulty swallowing and staff needed to be provided with the knowledge of the actions to take if this occurred.

We recommend that the service seek training which is specific to the needs of the people who use the service, including supporting people with behaviours that may be challenging to others, distress reactions relating to dementia and risks relating to swallowing, to ensure that they are provided with safe and effective care at all times.

People told us that the staff had the skills to meet their needs. One person said, "Some people need more help, and the staff are trained to help."

New staff were provided with an induction course and the opportunity to undertake the care certificate. This is a recognised set of standards which staff should be working to. This showed that the service had kept up to date with changes in the staff induction process and took action to implement them. In addition new staff undertook shadow shifts where they shadowed more experienced staff in the first two weeks of their induction. One newly appointed staff member said, "We can ask for more if we're not happy."

Staff told us that they were supported in their role and were positive about the changes and improvements the new manager had made. The manager showed us their plan to ensure that staff were provided with regular one to one supervision meetings, which had been started with the majority of staff receiving a supervision meeting by the new management. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. A staff member confirmed this and told us that they would be providing supervision to the care staff that they were responsible for. There was also information in the head of department meetings records which evidenced that the improvements were ongoing.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of good quality food. Each meal provided a choice of meat, fish and

vegetarian dishes. The chef told us that if people wanted an alternative this could be provided, such as an omelette. One person told us that they got good food in the service and commented about their favourite cakes, "You know the round ones with the icing, they are very nice." Another person said, "Food is good, and more than enough is available." Another commented, "I like it here, especially the food. There's always plenty to eat and drink…Yes I am given a choice but I eat most things." A health professional said, "The residents are fed well, and have enough fluids."

People were encouraged to eat independently and staff promoted independence where possible. Where people required assistance to eat, this was provided on a one to one basis allowing people to eat at their own pace. A positive dining experience was created in the dining room. A hostess visited each table to offer people a choice of meals, and care staff were available to assist people.

People were provided with choices of hot and cold drinks throughout the day. This meant that there were drinks available for people to reduce the risks of dehydration. There were jugs of cold drinks and refrigerator in the dining room where people could access drinks.

Staff had a good understanding of people's dietary needs and abilities. The chef shared examples with us about how they had made changes in the service since they had started working there, this included leaving snacks around the service for people to help themselves to. They had also identified when people chose not to sit and eat meals and were working on strategies to enable to people to help themselves to food and eat as they were walking around. This ensured that people were provided with appropriate nutrition which met their specific needs.

The chef was knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. They told us how they spoke with people about their preferences on the menu and made additions if people said that they wanted a particular item. They said that they had asked care staff for people's weight checks and showed us these. These were kept under review and the catering team used them to identify where people needed extra support with their meals.

There had been a 'Spanish day' with foods from this country, the chef told us that this was received by people well and there were plans to have further days with themes from other countries. The chef told us that they were planning to provide plated meals at mealtimes to assist people to make their choices of meal when they may not be able to understand what food was on the menu. One person's relative commented on the improvements made, "Not only is there better quality food, but the whole atmosphere has changed."

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss, guidance and support was sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake. One person's relative told us, "Food is lovely and [person] has protein drinks," and, "There is a new chef who liquidises [person's] food and they encourage [person] to eat."

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person said that they did not need to see a doctor, "Because I am healthy." One person's relative commented that they were always kept updated when the person needed to see the doctor and they were aware of current treatment that the person received. Another relative told us about the treatment that the person received and that the staff were, "Very vigilant and try to make sure that [person] sticks to the treatment." A health professional said, "Staff are attentive to what we [community team] need to do. They coordinate our visits and there is always someone available to come round with us and to assist. They know the residents and can tell us about the people's condition."

Records showed that people were supported to maintain good health, had access to healthcare services and receive ongoing healthcare support. During our inspection visit people were having their eyes tested from a visiting optician service. We spoke with one person following their appointment who said, "I can see alright."

Good

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person said, "We are looked after well and I am happy with the care. They are very friendly with me; I think they are to everyone." One person's relative commented, "Some of the residents can be quite trying but I've not seen anyone be other than kind. Some of the young [staff] are very sweet." Another relative commented, "The younger staff are very upbeat and keep the place lively." Another said, "They do talk to [person] and that makes [person] feel special." Another relative commented, "[Person] receives amazing care, they're all brilliant. Staff are lovely and kind." One person's relative told us how they had observed a staff member ensuring that the person's privacy and dignity was respected, "They covered [person] which I thought was good, they knew that was important."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. We observed examples of kind and compassionate care. When a person became distressed a staff member gently stroked their arm, spoke quietly and encouraged them to join in with the activity. The staff member reassured the person who responded to this approach and became calm. Another person was confused and anxious. A staff member assisted them into a comfortable chair, and offered a drink. The person responded by stroking the staff member's arm and singing to them. The staff member remained with the person until they had relaxed.

Staff talked about people in a caring and respectful way. One staff member told us that the best thing about the service was that, "All of the staff are really caring." Another staff member said, "We are one big family. We interact with them [people] and have a close relationship." Another commented, "Residents deserve good care and we try to provide that." The manager told us about how a staff member had purchased a gardening set for a person for their birthday. This linked to the person's work experience and interests. This showed that the staff knew people well. There was a notice in the team leader office, which was also accessed by care staff, to show how certain words were pronounced in one person's first language. This helped staff to effectively communicate with the person.

People's chosen routines were respected, their chosen times of getting up in the morning and going to bed at night. One person's relative said, "They respect [person's] choice and can supervise [person] without [person] feeling restricted." The chef and manager told us how they had responded to a person's comments about their preferences relating to food. The person's favourite items had been purchased and they had allocated a cupboard to the person to allow them to help themselves to their preferred food. This meant that the person's views were valued and their independence was increased and they could help themselves to food, including at night, when they wanted it. However, not all of the relative's and people we spoke with had been asked to participate and comment on their care plans.

The manager told us about actions they had taken when they had noted that the independence of a person when eating could be improved. This included ensuring that the person could use a high dining table which allowed them to eat their own meal rather than be assisted by staff. In addition another table had been purchased to allow the person to do activities and have food and drinks whilst in their wheelchair. One

person told us that the staff encouraged, "Me to do things myself." Another person said that the staff were, "Very good. They encourage me to be independent and only help when I ask them to."

Requires Improvement

Is the service responsive?

Our findings

People told us that they felt they were cared for and their needs were met. One person described the care they received as, "Good very good…You can't improve on perfect." Another person said, "I have a shower or get a bath when I want one." One person's relative said that their relative was, "Very settled here."

Our last comprehensive inspection of 11 April 2016 found a breach in Regulation 9 Person centred care, improvements were needed in people's care planning. The provider sent us their improvement plan which identified the actions they were taking to address this. Some improvements had been made in people's care plans to provide guidance to staff about how they were to be cared for. There were no contradictions in the records and they identified how people's needs were to be met. To further improve there was a computerised care planning system on order which was to be installed in the service in December 2016. The manager told us that the new care plans would be more person centred and reflect the care and support each person required to meet their individual needs. These improvements had not yet been fully implemented and embedded in practice.

Care records identified where people required support with behaviours that may be challenging to others. This included potential triggers and guidance for staff for how they communicated and supported people. However, improvements were needed to show how the person's condition could have an impact on their behaviours, how staff responsiveness could impact on them and reflect on the positives of the person's behaviours instead of the negatives. For example one person's records stated that the person could become aggressive when incontinent. The records did not identify how staff could be proactive to reduce the person's anxiety such as regularly offering the use of the toilet or the signs staff should look out for to indicate that the person may need to use the toilet. A staff member had told us about something that the person liked, there was no indication of this in their care records and how this had been considered to use as distraction when the person was being supported with personal care which caused them distress reactions. An activities staff member told us, "We have a few residents with challenging behaviour, and I spend a lot of time talking to them to keep them calm." A health professional commented, "Staff are sensitive to the needs of residents with challenging behaviour, and take their time and talk to them."

Although people's daily records identified the care and support provided, there was limited information about people's daily activities, interactions and quality of these interactions. There was no detailed information about the quality of the person's day, instead the records were more task based, for example 'settled in lounge,' 'given a bath,' and, 'very sleepy.' One person's records stated that they should be encouraged to sit and chat on a one to one and to encourage activities; there was no evidence to show where this had been done. Where people were supported on a one to one basis in activities, other than the group activities provided, the daily records did not include the quality or length of the communication or how this interaction had impacted on the person's wellbeing.

Some improvements were needed in the way that staff responded to people and their needs. Whilst a staff member was supporting a person with their mobility, another staff member spoke with the first staff member about the tasks required for this person. The interaction was about the person but not including

the person and was task led instead of person led. The manager shared examples with us about improvements they were making, including the culture of the service, and how they had responded to people's individual needs. This included providing a tool belt and bricks to a person which related to their interests and work experience. A bean bag had been purchased for another person after they had told staff that they had used one when they had lived in their own home and so would like one. The manager commented that the bean bag had impacted positively on the person who had said that they loved it.

Each bedroom door displayed a memory box containing a selection of personal memorabilia, and dementia friendly resources. This helped people to find their own bedrooms. Displays of pictures and tactile objects were positioned in the service for people to feel and touch. There had been attempts to make the home dementia friendly. However, the main lounge was large and noisy. This resulted in people getting irritated with each other, for example the person who had told another to, "Shut up," after their calls for a drink when staff had not responded to their request promptly. Seating was not arranged in small clusters which would have facilitated activities and discussions. There were chairs in a line against the team leader office, the view was the back of other chairs and it was a thoroughfare for staff walking past. We discussed this with the manager who had also identified this and was considering how they could break the room down into smaller areas.

People told us that there were social events that they could participate in. One person said that they enjoyed joining in the activities and liked, "The singing." Another person told us that they liked to read, "They bring me books written by my favourite author. I may have read them before, I can't remember." One person's relative commented, "Perhaps more stimulation would help." We saw people participating in activities throughout the day, such as doing a quiz and talking with each other and staff. An activities coordinator said, "We speak to relatives to find out about the [people's] interest and hobbies. We check [people who prefer to stay in their bedrooms] and do one to one activity if they want."

A notice board advertised Holy Communion and the sensory room that people could use. Photographs were displayed on a notice board of people participating in activities including dog day, making bird boxes, shopping at a local garden centre and making items such as cocktails, chocolate pizzas and fruit salad. Newsletters advised of forthcoming activities and those which had been enjoyed by people, these included visiting entertainers, remembrance service, seasonal arts and craft including Halloween, visit to the theatre and participation in charity events including wear it pink for breast cancer and children in need. The records from a recent coffee and catch up meeting showed that a person's relative had donated fiddle mats and sleeves for people to use. These are items which include things such as beads and buttons that people could handle and feel. There was an activities programme in place which showed that people were provided with meaningful activities to reduce the risks of boredom and isolation. However, improvements could be made in how people's records identified the activities they had participated in and how these reflected on their wellbeing.

Birthday celebrations were offered for people, a recent thank you card from a person's relative stated, "Thank you for the most marvellous care you give to my [person] and please pass on our thanks to everyone who made such a lovely afternoon possible."

People told us that they could have visitors when they wanted them. We saw people entertaining their visitors. One person's relative told us how they had visited at different times and was made welcome at all times. They commented, "My (other relative) said we have been in the morning and afternoon, let's go in the evening. We did and it was just as good." The chef told us how they had provided drinks in the reception area of the service where relatives could help themselves. There were also kettles available in the team leader room, but they were looking at where they could put these for relatives to make themselves a drink

but ensure people's safety.

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. One person's relative told us that they had raised concerns about the tidiness of the person's bedroom, which had now been addressed, "It's nice and clean now, they keep it tidy." Two relatives did raise concerns with us regarding laundry and missing spectacles, however, they had not yet approached staff about this and had planned to do so.

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Improvements had been made in how complaints and the service's responses were documented and filed. People's complaints were investigated and responded to in line with the provider's complaints procedure. Complaints had been used to improve the service and experiences of people, for example reimbursement of a hair appointment due to the service's hairdresser not being available. Where complaints were upheld people and their representatives where appropriate, were provided with an apology.

Requires Improvement

Is the service well-led?

Our findings

Our last comprehensive inspection of 11 April 2016 found a breach Regulation 17 Good governance, improvements were needed in how the service monitored and assessed the care and support provided to people to ensure that they were provided with good quality care at all times. The provider sent us their improvement plan which identified how they were addressing this. At this inspection we found some improvements had been made, not all of these had been fully addressed and were ongoing.

People told us that they felt that the service was well-led. One person's relative described the manager as, "Very approachable." Another relative said, "I can't fault the manager and the new assistant manager, they are very nice and very helpful." A health professional said that Norwood House, "Is a lovely home. It is well organised and run."

There was a new manager in post since September 2016. In the short time they had been working in the service they had made improvements, however these were not all fully implemented and embedded into practice. The manager was aware of further improvements required and had a plan in place to address them. The progress made and further improvements required are identified in the Safe, Effective and Responsive sections of this report. In addition to the manager there was a new deputy manager and an interview for a second deputy manager was being held during our inspection visit. The manager told us that the plan was to have the deputy managers on alternate shifts to ensure that management were now available, including evening and weekend shifts. This was confirmed by a staff member who said, "Never alone, Saturdays and Sundays always have managements here, feel more safe." The reception area to the service was also now being covered at weekends.

One person's relative commented on the improvements made in the service, "The place looks a lot tidier, and the dining room has improved with table settings and serviettes." Another said that the new management team were, "Proactive and the dining experience amazing." The manager and deputy manager understood their role and responsibilities and were committed to providing good quality care for the people who used the service. The manager told us that they felt supported by the provider's directors. The manager also said that anything they had asked for to improve the service, for example, activities items, were provided promptly.

The manager also commented on the improvements they were making following receiving guidance from the local authority, this included updated the service's policies and procedures and completing a business continuity plan.

The manager and deputy manager told us that the staff team were embracing the changes being made. One staff member told us about how they felt that the manager had made improvements in the service, "We can see the changes, morale is a lot better." Another staff member said, "[Manager] spent the first week on the floor with the residents which I was amazed with," and, "[Manager] has done everything for us and the residents." Another staff member stated that much had changed, "We went through a big lull when nothing happened. We're getting back up and everything is better." Another said, "The management team are

approachable and very positive." Another member of staff said, "Everything is more organised in general, the little details make a difference."

A staff member told us that a relative had commented to them about the improvements made in the service. On the day of our inspection visit an e mail had been received from this relative complimenting the manager on the changes they had made in the service, including the environment and the culture. Part of this e-mail stated, "…it is evident you have made substantial steps towards making the lives of the elderly at Norwood House more comfortable."

There was an open culture in the service. People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires. Since our last comprehensive inspection quality assurance questionnaires had been sent out and completed to people's representatives and people. The summary of these questionnaires informed people of the outcomes and actions being taken as a result of their comments. These included reminding people of director's surgery where people and their representatives could speak with the directors of the service and discuss the service provided.

The manager had introduced 'coffee and catch up' meetings which were to be held alternate months. This provided relatives with the opportunity to discuss any issues with the service and make suggestions for improvement. Actions taken following comments made included replacing the lighting in the service's fish tank. Monthly newsletters were also sent to people's representatives which updated them with changes in the service and planned activities.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they could go to the manager and team leaders if they needed any advice or support. One staff member said, "It's a happy environment, everyone is friendly and we get lots of support." Staff were aware of how to report concerns of bad practice, known as whistleblowing. The manager told us about how they had taken action, including disciplinary action, following whistleblowing concerns which showed that they understood their role and responsibility.

Heads of department meetings were held weekly. In these meetings issues in the service provision were discussed and improvements being made, including redecoration in some areas of the environment. A full staff meeting was held on 9 November 2016 where improvements being made and needed were discussed. The manager told us that they expected the staff to include items for the agenda to meetings and had left a notice in the staff areas to allow staff to include any issues they wanted to discuss.

The service had introduced an 'employee of the month' award which showed that staff were valued and their contribution to the service and good quality care to people were noticed.

Improvements had been made in the way that the service was monitored and assessed to minimise risks and provide a good quality service to people. The manager told us how they monitored incident records and signed them off when they were appropriately completed, including the required information about the actual incident and actions taken by staff, this also included contacting people's representatives.

The manager's monthly audits demonstrated that checks were made in the service to ensure that people were provided with good quality care and actions were taken when shortfalls were identified. This included introducing 'resident of the day' to ensure that all care records were up to date, changes to the staffing rota and introducing an improved system for ensuring staff receive supervisions. This showed that the service continued to improve.