

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

About the service

Norwood House is a residential care home providing personal care to 71 people aged 65 and over in one adapted building. Norwood House provides care to older people living with dementia and at the time of the inspection there were 31 people using the service. The service was situated in a rural area of Middleton Moor on the periphery of the village of Saxmundham in Suffolk.

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

At the last inspection we found that care was not always person centred. At this inspection we found improvements had been made but further work was needed to embed the changes and ensure that person centred care was delivered to people consistently.

The service was more responsive to people's needs; however, we found some continued shortfalls in the identification and oversight of risk to people's safety. We have made a recommendation about strengthening how near misses are recorded.

There were systems in place to manage infection control. The service was clean and comfortable and there were no unpleasant odours. Staff undertook some COVID-19 tests, but testing was not undertaken in line with government guidance. Testing schedules are recommended in order to protect people and the registered manager assured us they would implement further testing. Visits by relatives had been facilitated to the service which was welcomed by staff and people using the service.

People were supported to make some decisions but were at risk of having unnecessary restrictions in place, as doors within the service were locked and we could not see that this was the least restrictive option for people who lacked capacity to consent. We have made a recommendation regarding developing more person centred solutions.

People had good access to healthcare and regular GP surgeries were held at the service. Medicines were managed in a safe way.

Improvements had been made to care planning since the last inspection and these provided clearer guidance to staff as to people's needs and how care should be delivered.

People had greater opportunity to pursue interests and engage in social activities.

The service was proud of the meals they delivered, and the food looked appetising. Staff ensured that people had the support they needed with eating.

People were supported by a kind and friendly staff team who knew them well. There was a clear process in place to check staff suitability before they started work.

The registered manager was visible within the service and staff told us they were approachable and supportive.

Audits were undertaken but they had not identified all the shortfalls we found. We have made a recommendation about undertaking observational audits to better understand the experiences of people resident at the service.

Rating at last inspection.

The last rating for this service was Requires Improvement (published 24 February 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider still needs to make improvement. Please see the Safe, Effective and Well Led sections of this full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Norwood House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors 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. The Expert by Experience spoke with people's relatives over the telephone.

Service and service type

Norwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived in the service and ten relatives about their experience of the care provided. We also spoke with six members of staff and members of the management team including the registered manager.

We observed people's care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three people's care records and medication records. We looked at a variety of records relating to the management of the service, staff recruitment records and quality assurance records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found that the provider had failed to adequately manage risks at the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of the regulations but the systems in place to identify and mitigate risk were still not fully robust.

- Risks were not always managed consistently or effectively. Risks to people had been assessed using recognised risk assessment tools such as the Malnutrition Universal Screening Tool (MUST) to identify people who were at risk of malnutrition. People were regularly weighed to identify those at risk of weight loss and referrals had been made to health professionals for advice. However, we found one example where a person had lost weight, but they had not been re-referred as recommended by the dietician. A telephone message had been left but this was not followed up when the person continued to lose weight which meant the person was at risk of further deterioration. Their meals were being fortified but there was no evidence they had been provided with milkshakes or snacks to help their weight gain. Once highlighted the registered manager responded and on the day after the inspection made a referral to the dietetic service.
- We observed a person who had been identified as requiring support with eating had split a hot drink on their leg. We brought this to the attention of staff who assisted the person to change their clothing however this incident was not documented or recorded as a near miss and therefore there was no meaningful review of what happened, or steps taken to mitigate a further incident. We spoke to the registered manager who told us there had been no injury and this person received their drinks lukewarm. We recommend that staff are provided with clearer guidance on near misses and how these should be recorded.

- The registered manager told us they worked closely with visiting professionals and sought specialist advice where required. A visiting professional confirmed that the service contacted them appropriately about issues such as deterioration in people's skin or skin tears and followed their guidance. They told us, "The home has improved dramatically."
- We saw that specialist mattresses were in place to reduce the likelihood of skin damage and people were repositioned at regular intervals. Equipment such as crash mats and alarms were in place for those individuals who had been identified as being at risk of a fall.
- The provider had 24-hour post fall observation charts in place where people had an unwitnessed fall, or person had no injury.
- Environmental and safety equipment were regularly checked to ensure they were working effectively.

Wardrobes had been secured to the walls to reduce the likelihood of them falling over and personal evacuation plans were in place to guide staff on how to assist people to evacuate the building in the event of an emergency.

Preventing and controlling infection

- The provider did not ensure people were protected from the risk of transmitting COVID19 because they failed to ensure staff were tested in line with Department of Health and Social Care guidance. Some testing was undertaken but not in line with the guidance. Following the inspection, the registered manager told us that the testing regime had changed in line with the government guidance.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises but there was no hand soap for handwashing in people's bedrooms. The registered manager told us there were risks products could be ingested but we saw that other products were on display. The registered manager agreed to review this. Following the inspection, the provider told us that the homes policy was that staff provide personal care to people in their bedroom but do not remove their PPE until they reach a bathroom where handsoap is available. This practice does not follow the recommended guidance and should be reviewed as a matter of urgency.
- There were clear arrangements in place to prevent visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Records were maintained of lateral flow testing for visitors to the service.

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives spoke positively about the service and told us the service communicated well with them. One relative told us, "I don't worry about my relative being there, I get the feeling that they are kind people." Another said, "I couldn't sing (the homes) praises high enough."
- Body maps were in place to record changes to people's skin and the registered manager had processes in place to record incidents and update records to identify learning.
- Staff told us that they knew how to raise safeguarding concerns and expressed confidence that any concerns would be taken seriously by senior staff.

Staffing and recruitment

- Relatives told us staff were visible and accessible. The registered manager used a dependency tool to establish the staffing levels to ensure there were enough staff on each shift to meet people's needs.
- The registered manager told us that they did not currently need to use agency staff and covered shortfalls from within the staff team.
- Feedback from staff about staffing levels was mixed in that some staff told us that the staffing levels were adequate but other staff said there were times where there was less staff, which impacted on their ability to spend time with people. The registered manager told us that they regularly reviewed staffing and dependency levels.
- Recruitment checks including disclosure and barring checks and references had been completed before new staff commenced employment.

Using medicines safely

- People's medicines were stored and managed in a safe way.
- Medication administration charts were up to date and well maintained. We checked the amounts of medicines and found they tallied with the medication administration records.
- Clear protocols were in place to guide staff on when they should administer (PRN) or as and when medicines.
- We reviewed the arrangements in place for the storage of controlled drugs and covert medicines and found clear systems in place.
- Audits showed medicines were regularly checked to reduce the risks with medicine management.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were not supported to have maximum choice and control over their lives. There were restrictions in place such as locked doors into the bedrooms and into the enclosed garden. We were told that the practice of locking people's bedroom doors when they left the room was the providers policy, as it protected people's belongings. A small number of people had been provided with keys and the remainder had to ask staff if they wished to return to their bedroom during the day. No one we spoke with at the service raised any concerns but best interest decisions, where they were in place were generic and not very decision specific and did not provide assurance that the arrangements in place were the least restrictive option for each individual.
 - We previously identified concerns about the implementation of mental capacity act. At this inspection we continued to identify shortfalls and could not be assured that consent had been obtained in a meaningful way. For example, we found a relative had signed to give consent to a number of decisions such as whether to have the flu vaccination and consent to care when the relative did not have power of attorney or the legal authority to do so.
 - The provider had submitted Deprivation of Liberty applications to the local authority.
- We recommend that the provider takes further advice on best interest decisions and how to support individual solutions for people which are not restrictive.

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

- The registered manager carried out an assessment of people's needs before they moved into the service. These were undertaken in person to ensure the service was able to meet the person's needs.
- The assessment included people's physical, mental and social needs and the information used to develop a care plan which was in place prior to people's admission.
- People's care and support was regularly reviewed to ensure they were providing the right care and support.

Staff support: induction, training, skills and experience

- Staff received training to develop their skills to enable them to deliver effective care and support.
- Staff spoken with confirmed that they had access to training which included a combination of online and face to face training. This included areas such moving and handling, dementia and emergency first aid. Newly appointed staff received an induction to prepare them for their role.
- The completion of training was overseen by the registered manager and they showed us a training matrix which recorded what training staff had completed and when it was due for a refresher.
- Staff told us they received support from the registered manager and other senior staff. Records showed staff received regular supervision and appraisals.

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

- Meals were cooked on the premises and staff were clearly proud of the food they delivered. We observed people enjoyed their lunchtime meal, which was attractive and nicely presented. One relative told us, the food is "absolutely amazing" and they are "good at keeping to my relatives' dietary requirements."
- Staff used plated up meals to assist people make a choice between the two choices available. Where people declined what was on offer an alternative was provided. One person for example decided on cheese on toast and another had a sandwich.
- Where required people were given pureed meals and people who had been assessed as requiring thickener in their drinks received this. Staff supported people appropriately, sitting next to them and providing support at an appropriate speed. People's food and fluid intake was recorded.
- The system for serving of meals was however somewhat inconsistent on the day of our visit and we saw one person waited for their meal for about 30 minutes while the other people at the table were served their pudding. The registered manager told us this was an isolated incident and not reflective of peoples dining experience.

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

- People had access to health care services and effective care. Relatives told us their loved ones had good access to healthcare.
- Information following appointments or assessments by professionals such as chiropody or occupational therapy had been documented in care records. A GP led clinic was held weekly at the service.
- Feedback from health professionals was positive. One health professional told us, "They know how people are, know them really well. It's improved greatly..... They communicate well and take advice."
- Care plans were written in conjunction with other health professionals and provided clear guidance on how specific health conditions should be managed.
- People's oral health needs had been assessed and their care plans set out the levels of support needed to maintain good oral care.

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

- The service operated over two floors with connecting passenger lifts. Only the ground floor was in use at the time of our inspection as the service had several vacancies.
- People had all single rooms which were personalised. Staff took pride in keeping people's rooms attractive and inviting and had for example, rolled peoples towels and placed them on their bed.

- There was some signage throughout the service to help people orientate themselves and locate certain rooms. One relative told us their loved one had been able to choose the colour of their bedroom door and had a memory box beside their door.
- Some areas of the home, such as bathrooms and toilets were showing signs of wear and tear, with staining to the walls. The registered manager told us there was an ongoing programme of repairs and a works schedule was in place. We saw that some redecoration had already been undertaken and areas of the home had themed corridors and a new book corner for people to enjoy.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were able to tell us about people and what was important to them. The atmosphere within the communal areas was calm, and staff gave people the time they needed. For example, we observed staff stopping to talk to people as they were going about their duties and speaking to people in gentle tones.
- Relatives spoke highly of the care and told us staff knew their loved ones well and were kind and caring. One told us they had been asked to complete a 'My Story' a questionnaire about their relative's life history and setting out their likes and dislikes. Other comments included, "The staff have "got used to (my relative) now. They know their likes and dislikes and are kind and caring." "Staff are brilliant, really good with my relative."

Supporting people to express their views and be involved in making decisions about their care

- We observed people were offered choices by staff such as at mealtimes and care plans set out how people communicated and how they liked their support delivered.
- People and relatives were provided with opportunities to feedback their views as to how the service was run. Questionnaires were sent out and collated to identify areas for improvement.
- Regular reviews were undertaken, and the service had a resident of the day where a resident's needs and preferences were reviewed on a specific day. We saw from records that relatives were contacted as part of this process.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships with friends and family whilst staying at the service. The service has been facilitating socially distanced visits by relatives in several ways during the pandemic.
- People were encouraged to be independent as they were able, and we observed a member of staff supporting a person to eat using cutlery with padded handles. The member of staff used a hand over hand technique and was very patient giving the person the time they needed to eat independently.
- People's hair had been brushed and they were appropriately attired.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we identified shortfalls in care planning and found that people had very limited opportunities to engage in social activities or stimulation. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9.

- Care plans were up to date and largely reflective of people's needs. Specific areas of care were documented to provide staff with guidance in how to provide the care and treatment required.
- Care plans identified people's preferences as to how they wished their care to be delivered. People's life histories and information as to what and who were important to them were documented.
- People and/or relatives had contributed to the initial assessment and review of care plans. Regular reviews took place to ensure care plans reflected people's current care needs.
- Progress notes were maintained by staff enabling ongoing monitoring of people's needs to be undertaken. For example, how much fluids they had taken and when they were assisted with personal care.
- Staff told us that they attended handover at the beginning of shifts to ensure they were up to date with people's needs and any changes to their health or wellbeing.
- Relatives told us the service communicated well with them and ensured they were updated on any changes.
- Lifestyle coordinators were employed within the service. They organised a variety of social opportunities and activities in the communal area which people could attend. The registered manager told us that they operated a butterfly time which is an hour between the morning and afternoon shifts which is dedicated to handovers, reviews and activities.
- We observed people participating in activities and could see they were engaged and enjoying what was provided. One relative told us, "the activities are amazing." "(My relative) loves to sing and dance". Another relative said staff, "do a lot of activities with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information contained within their care plans, about their preferred communication methods.
- Information was included which guided staff as to equipment needed such as hearing aids and spectacles with explanation as to how best to aid effective communication.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, but the registered manager told us no complaints had been received since the last inspection. They showed us letters of thanks and compliments they had received.
- Relatives told us they had no concerns, and the registered manager was approachable. One told us they had raised an issue in the past that had been resolved. Another told us, "I have no concerns or complaints but felt that they would be sorted out if I had."

End of life care and support

- There was nobody receiving end of life care at the time of inspection. The registered manager told us the service was able to care for people approaching the end of their life, with the support of the district nursing service and GPs.
- The service had worked with families and professionals to identify if people wanted to be resuscitated in the event of their heart stopping.
- The registered manager showed us letters of gratitude which they had received from relatives about the care their loved ones had received at the end of their life.
- There was information contained in care plans on end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we found that there had been a continued failure to effectively monitor quality and risk demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that enough improvement had been made and the provider was no longer in breach of the regulation, although there was still work to do to ensure consistency of practice and ensure that the changes made were embedded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At our last inspection we identified issues with the culture of the service as we found that care was task based and not person centred. At this inspection we found some improvement had been made but practice was not consistent. We saw examples of good practice where some staff engaged well with people and went the extra mile to ensure people were comfortable and had the support they needed. However, we also observed a small number of examples where staff did not put into practice person centred care, such as moving a person a wheelchair without giving them any warning and ignoring a resident who was speaking to them, as they were so engaged in the task that they were completing.
- We observed a meeting of staff to review a person's needs which was undertaken in a communal area. The meeting did not demonstrate a culture where the values of respect and privacy were embedded, as intimate personal details were shared which was not essential information for some staff roles who were in attendance. There was also no discussion on what it meant for the person and how it could impact on how their care was delivered.
- Quality assurance processes were in place but would benefit from further development. A number of audits were undertaken, including an audit by a company external to the provider. Audits were completed on areas such as care planning, falls, and medication. The registered manager was passionate about the service and did not always see where lessons could be learnt. There was no ongoing action plan in place and the registered manager told us that this was because all areas had been completed which did not correspond with our findings. Some observational audits were completed to look at staff practice and people's day to day experience.

We recommend that advice is obtained from an appropriate source on developing observational audits to further develop the quality and safety of the service people received.

- Relatives we spoke to were happy with how the service was managed and told us that the staff communicated with them in an open and helpful way. One relative told us, "The manager is good at explaining things." Another said, "I feel very confident in their ability to look after my relative."
- Staff understood their roles and responsibilities and expressed confidence in the management. They told us the registered manager was approachable, and they felt well supported. Supervision sessions were carried out regularly with staff. One member of staff told us, "There is more leadership and direction at the home now. Things are better."
- We observed people were offered choice and they were encouraged to get involved in activities. Staff spoke warmly about the people they supported.
- There were systems in place to handover information to staff coming on duty to ensure they were up to date with people's needs. Daily meetings were held with senior staff to review the care and ensure good communication.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care. The registered manager was aware of their responsibilities to escalate safeguarding incidents and make notifications to CQC as required and gave us examples of the actions that they had taken when issues were identified.
- Relatives told us the management team were open and responsive. One relative told us that they had raised some concerns about their family member and the service had responded positively and addressed the issues
- The provider told us that they had engaged consultants who undertook an assessment of the service and all their recommendations had been complied with.

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

- The provider had ensured there were a variety of different visiting or contact options available for relatives to meet people living in the service, during the pandemic. One relative spoke about zoom calls and told us, "(The staff) are brilliant with things like that."
- The service provides a monthly newsletter for resident's families to keep them up to date and connected to their loved ones. Helpful information is also included on dementia care.
- Visiting professionals spoke positively about how staff engaged with them to promote people's wellbeing.
- Arrangements were in place to gather the views of staff and relatives about their experiences of the service. Questionnaires were sent out at regular intervals and the results collated to identify learning. The results of the most recent survey were positive.