

Roseberry Care Centres (Yorkshire) Limited

Norbury Court

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

Norbury Court is a nursing service that provides care for up to 60 people. It is a purpose-built care service and has three floors. At the time of our inspection 50 people were living at the service.

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

At this inspection, we identified concerns with the management of risk, care planning, the delivery of care, the management of medicines and governance.

The provider had a range of audits in place to monitor the quality and safety of the service. These audits had identified similar concerns with medicines and the environment, yet there was little evidence any action had been taken to address these concerns. This resulted in the same concerns being identified at this inspection.

Medicines were not always managed safely across the home, which placed people at risk of harm. We also found people's medical and health needs were not sufficiently monitored by nursing staff to ensure their health and wellbeing was being maintained or to identify possible early signs of ill-health. This placed people at risk of avoidable harm.

Risks to people's health, safety and wellbeing were not managed safely. People's care plans did not contain adequate details of their medical conditions and the clinical care they required, to keep them safe and well.

Staff did not always follow infection control procedures and the home was not clean in some areas.

Staff did not always receive on-going support on the job to ensure they carried out their roles as necessary. This included a lack of regular supervision, appraisal and observation on the job. People and staff reported they felt more staff were needed to meet people's wishes and choices. We have made recommendations about this.

Overall, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation about the review of MCA and best interest decisions.

Staff we spoke with told us the management team were supportive and team meetings were taking place.

People received support from a range of health and social care professionals including dietitians; mental health teams; speech and language therapy and their local GP.

The registered manager and regional manager were open and honest about the shortfalls at the service. They engaged with the inspection positively and were committed to making any necessary improvements.

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

Rating at last inspection

The last rating for this service was good (published 02 August, 2017).

Why we inspected

We received concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Norbury Court

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 Health and Social Care Act 2008.

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

The inspection was completed by an inspector, a specialist advisor, 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 specialist advisor was a nurse with experience of working with older people, including those living with dementia.

Service and service type

Norbury Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Norbury Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 12 relatives about their experience of the care provided. We spoke with 15 members of staff, including the regional manager, the registered manager, five nurses, four care workers, the housekeeper, two kitchen staff, and the chef. We also spoke to one visiting health professional.

After the inspection

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



Is the service safe?

Our findings

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

At our last inspection, we rated this key question good. At this inspection, the rating has changed to requires improvement. 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.

Using medicines safely

- People were not always supported safely with their medicines. Medicine administration records (MARs) were not consistently completed. It was not possible to establish from records that people had been safely supported with their medicines by the provider as records had not been completed or were not accurate.
- Medicines with a short-dated expiry were not always dated when opened. This meant there was a risk they would be used beyond their expiry dates. Some medicines were not in supply, so we could not be sure people would receive their medicine as prescribed.
- Records to show topical creams were being applied were not always completed; this meant we could not be sure people's skin was being cared for properly.
- The actual time and dose when a time sensitive medicine was administered was not documented. For example, staff could not be assured the required four-hour time interval between paracetamol doses had been observed.

The registered provider had not ensured the proper and safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Assessments and plans to minimise the risk to people's health and well-being were not always implemented.
- Staff lacked adequate information on people's medical or mental health needs and the clinical care they required. Where people had medical needs that required clinical monitoring, there was little evidence this monitoring was undertaken to ensure their health and well-being was being maintained or to identify possible early signs of ill-health.
- Some risks associated with people's care and support had been identified. However, we found these had not always been followed. For example, some people received their nutritional and hydration needs through a PEG. A PEG is a small tube inserted through the skin directly into the stomach so you can receive food, fluid, and medication without swallowing. The risk assessment did not contain accurate information to mitigate the risks of this care and records confirmed staff were not completing the daily tasks as required. This meant people were at an increased risk of dehydration, pain, and infection.
- Care plans regarding people's health needs, such as epilepsy, did not contain sufficient information to ensure staff knew how to best support the person. When people were at risk of seizures, the plans in place were not sufficient to ensure staff knew how best to support the person. We discussed this with the registered manager, they said they would take immediate and responsive action to address this concern. We

asked the registered manager to make a safeguarding referral. Following the inspection, the registered manager confirmed they had done this.

- Staff did not consistently record when they had repositioned people at risk of developing pressure ulcers. Some people's care records stated staff should check them every two hours. Two people's care records showed staff had not been completing these checks consistently.

We found no evidence people had been harmed. However, risks associated with people's care were not always mitigated. This was a further breach of regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection prevention and control (IPC) was not always safely managed.
- Aspects of the environment did not support safe infection control measures. Carpets were worn and soiled, furniture, doors, and skirting were worn exposing bare wood. Some pieces of equipment were dirty and needed cleaning. For example, we found a shower chair to be dirty, taps to be badly fitted or damaged and therefore difficult to clean. Staff did not have access to hand washing facilities in the ground floor kitchen area. However, on the day of the inspection, parts of the environment were malodorous and unpleasant to live in.

We found no evidence people had been harmed, however, the risks associated with infection control were not safely managed. This was a further breach of regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared this feedback with the registered manager. The provider took prompt action during and following our inspection to address these concerns. Following the inspection, the provider confirmed they had recruited cleaning staff to support cleaning within the home.

- There was a staff and resident COVID-19 testing programme in place and appropriate safety measures in place for visitors and new admissions to the service.

Visiting in care homes

- The service was following government guidance with regards to visitors. There was prominent signage and instructions to explain what people should do to ensure safety. Information was easily accessible on arrival and before visits to ensure visitors followed guidance, procedures and protocols to ensure compliance with infection prevention control.

Staffing and recruitment

- Shortage of staff was a common theme. One relative said, "The staff are pulled out and stretched." They were concerned about the impact this was having on their family members and the continuity of care.
- There was not enough staff to meet the hygiene requirements of the home and people's care needs. At the time of the inspection, the boiler was not working. There was one shower room was being used to provide bathing for people. This had impacted on staffing because of the increased time it was taking to safely attend to people's needs. We discussed this with the provider who agreed that until the boiler was repaired they would provide extra staff to safely attend to people's needs.
- Staff informed us there were occasions when work pressures were more difficult, for example, if members of the care team had called in sick at short notice and could not be replaced. The management team told us they responded promptly in these circumstances to book agency staff and took actions to ensure staff had

appropriate resources and help to safely attend to people's needs.

We recommend the provider review their staffing levels to ensure there are enough staff to meet people's care needs safely and according to their preferences.

Learning lessons when things go wrong

- The manager completed an accident and incident analysis to identify trends and patterns. This helped identify what went wrong and lessons were learned to prevent reoccurrences.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse.
- Staff received training in safeguarding adults and were clear about the action to take if they witnessed abuse or poor practice.
- The registered manager used local safeguarding procedures appropriately.

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 our last inspection, we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment, and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People felt that staff were well trained and performed their jobs well. One relative said, " All the staff are welcoming and kind and very approachable, staff very well trained."
- Staff were provided with the key training courses to ensure they had the necessary knowledge and skills to support people effectively.
- However clinical supervisions and observations were not carried out regularly to monitor staff performance. The providers processes for assessing and checking nurses had the competence, skills and experience to undertake their role were not effective. This was evidenced in our findings relating to PEG care, medicines, and care planning.

This was discussed with the management team who promptly sent us an action plan noting how they planned to improve in this area.

We recommend the provider review their systems in place, making sure staff received on-going support on the job to carry out their responsibilities safely and effectively.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Assessment and care planning processes considered people's capacity to consent to care and treatment. Where people were unable to make particular decisions, mental capacity assessments had been completed and kept under review. However, we found one example where a person was receiving their medicine covertly and an MCA and best interest decision had not been completed.

We discussed this with the registered manager, and they took prompt action following the inspection to address this concern. They confirmed they had reviewed their MCA process and where appropriate completed best interest decisions.

- Staff had received training in the MCA and DoLS.
- Staff described how people were promoted to be as independent as possible and to make decisions for themselves. For example, one staff member described how they supported people to choose what they would like to eat and what they would like to wear on a daily basis.

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

- People's needs were assessed and recorded. This included information to enable staff to decide if people's needs could be met safely within the service.

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

- The premises were purpose built with wide corridors. There was a lift between floors.
- The home was suitable to meet the needs of people living with dementia. There was signage to communal areas to aid orientation. There was some appropriate wall art to aid reminiscence.
- The premises and gardens were accessible for people with mobility difficulties.

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

- People were supported to maintain a balanced diet. Although, relatives gave us mixed feedback about the food. Comments included, "The food is cheap and cheerful," "[My relatives] has put weight on so I think they are enjoying the food" and "The food is horrendous, not nice, the standard is very poor."
- Staff recognised the importance of good nutrition and hydration. Staff had received training on nutrition and hydration in order to confidently support people with meal planning and preparation.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and, in consultation with them, contacted health professionals involved in their care.

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

- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis.

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 our last inspection, we rated this key question good. At this inspection, the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place to monitor the service were not effective. Improvements were needed to the governance systems. The process for checking the service operated in a safe way were not effective.
- Audits did not always identify areas for improvement and development. For example, when issues had been identified on audits, there was no evidence of actions taken to reduce the risks, and the same issues were identified on consecutive audits. Some of the safety issues found during the inspection had been highlighted months earlier in internal audits and external assessments, such as the medicine audit.
- Audits did not identify all the issues we highlighted during the inspection, such as those regarding the management of medicines, staff training and support, inaccurate care plans and risk management.

We found no evidence people had been harmed due to our findings on inspection. However, people had been placed at the risk of harm from a lack of oversight of the operations of the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team responded after the inspection and told us they were keen to ensure their systems kept people safe. The regional manager shared information about systems they were introducing to improve how they identified, monitored, and managed quality and safety. These showed they were taking appropriate measures to address the shortfalls.

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

- Throughout the inspection, the registered manager was honest and open with us. They acknowledged the shortfalls identified and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.
- The provider understood their legal responsibilities to be open and transparent about when things went wrong.
- The registered manager was aware of their obligations to submit notifications to CQC, as required by law.
- Staff spoke about people in a caring way and were knowledgeable about people's preferences.

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

characteristics

- Staff felt able to raise issues with the management team and felt their contributions were listened to.
- Most relatives were complimentary about the management team. Comments included, "Love them [staff] to bits. There's a good feel about the place; its well laid out, clean, attentive, professional, and friendly."
- The provider sought and listened to the views of people and their relatives. The provider also monitored and considered comments within complaints and compliments.

Working in partnership with others

- The GP and community nurses visited regularly, and referrals to other professionals, such as the falls prevention team and SALT, were made in a timely way to get their specialist advice regarding people's needs.

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
Treatment of disease, disorder or injury	<p>The registered provider had not ensured the proper and safe management of medicines.</p> <p>The registered provider had not ensured risks associated with people's care were safely managed.</p> <p>The registered provider had not ensured risks associated with infection control were safely managed.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not ensured effective oversight of the operations of the home.