

Vitality Care Homes (Norwood) Limited

Norwood Grange Care Home

Inspection report

Longley Lane
Sheffield
South Yorkshire
S5 7JD

Tel: 01142431039

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Norwood Grange Care Home is purpose built to provide accommodation and care for up to 35 people. The home provides care for people living with dementia and mental health needs. At the time of the inspection 25 people were using the service.

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

Staff ensured people's needs were met in a timely and safe way. People told us they felt safe living at the home. Staff were aware of the safeguarding protocols and knew what action to take to keep people safe. Risks to people were identified and detailed assessments were in place, to ensure risks were managed safely.

We have made a recommendation about the registered provider making some improvements to the retention of staff photographic Identity checks. The registered manager confirmed they would take immediate action to make these improvements.

Medication systems were in place and followed by staff to ensure people received their medicines as prescribed. Staff were trained and assessed as competent in administering medicines.

The premises were clean and there was good infection control practice in place.

Staff interacted well with people and they provided care which was person-centred and individualised. Staff had received training to ensure they had the knowledge they required to carry out their role effectively.

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. People had access to health care professionals. Staff worked with other professionals to ensure people's needs were met.

People told us staff were kind and caring. We saw people looked well cared for. Relatives were positive about the care and support provided. Staff understood people's needs and told us how they respected people's dignity.

People felt they could speak with staff and the management team if they had any concerns.

There was an effective quality monitoring system in place which identified improvements and addressed them in a timely way.

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

Rating at last inspection and update

The last rating for the service under the previous provider was good, published on 19 April 2019.

Why we inspected

This was a planned inspection based on the date of registration of the new provider.

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

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service 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 well-led.

Details are in our well-led findings below.

Good ●

Norwood Grange Care Home

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 carried out by two inspectors.

Service and service type

Norwood Grange 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.

Registered Manager

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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the service since the last inspection. This included CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with eight staff including the registered manager, deputy manager, a team leader, care staff, and other maintenance, domestic and catering staff. We also spoke with the provider who was visiting the service on the day of our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing 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 four medicine records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures which we reviewed.

After the inspection

We continued to seek clarification from the provider 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of people who used the service.
- Staff told us there was always enough staff on duty to support people safely.
- We observed staff responding to people's needs in a timely manner and care was delivered in line with people's care plans.
- The majority of people we spoke with felt there were sufficient levels of staff in the home. One person said, "Oh yes there's enough staff here." Another person said, "Staff come when you need them." Two people did say, "I wish staff would come a bit quicker" but they didn't say staff numbers had a direct effect on the care or support they received.
- We would recommend the provider explores further with people and staff their experiences of the staffing levels to see if any improvements are needed to the deployment of staff.
- We looked at recruitment records and found relevant background checks had been carried out before staff commenced working.

We recommend the provider makes some improvements to the retention of staff photographic Identity checks. The registered manager confirmed they would take immediate action to make these improvements.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at this home, and their relatives agreed.
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse.
- The provider promoted openness and transparency. Staff we spoke with told us they would not hesitate to report any concerns as they were confident, they would be acted on immediately.

Using medicines safely

- The provider had systems in place for the receipt, storage, administration and disposal of medicines.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicine administration records (MAR) were completed as required and people had their prescribed medicines as prescribed.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- The registered manager and provider completed an analysis of accidents and incidents to identify trends and patterns. Accidents and Incidents were discussed at team safety meetings to reflect on any lessons that could be learned or measures to be put in place to prevent reoccurrences.

Preventing and controlling infection

- We were assured that the provider was preventing 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 observed staff wearing face masks and appropriate PPE.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and preferences were assessed and recorded. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices. We saw evidence people and/or their advocate/relative had been involved in the support planning process.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed. People's diverse needs were met in all areas of their support and care was delivered following best practice and guidance.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.
- Care records reflected people's mental health needs. Mental capacity assessments had been completed in people's care records when it was unclear about their capacity in some issues.
- The registered manager kept a tracker of every person who was subject to a DoLS authorisation and when it was due for review. This was also reflected in people's care records.
- Risk assessments had been completed when a person was subject to restrictive interventions, such as bed

rails.

- We observed staff giving people choices and enabling them to make decisions. Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services, if required. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Staff support: induction, training, skills and experience

- We saw evidence new staff had completed a comprehensive induction.
- Staff received training to be able to provide effective care. Staff told us the training was good and some training was online whilst other was face to face.
- Staff understood people's needs and delivered care in line with people's care plans. We observed staff supporting people, they knew them well, and clearly understood their needs.
- We found the service had policies on supervision and appraisal to inform practice. We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to the registered manager and provider at any time. Staff said the registered manager and provider were extremely supportive and were always available.

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

- People received a healthy and balanced diet which met their needs and took in to account their preferences.
- People we spoke with commented positively about the food saying, "The food is very nice here" and "Yes the food is pretty good."
- Staff knew each person's dietary needs due to their allergies, religious preferences and consistency of food they could eat safely.
- We observed lunch being served in the dining room. The tables had clean clothes on, and fresh napkins and the staff had aprons on. Suitable cutlery was available to assist the people who could eat unaided. The care staff supported some people to eat. Drinks were offered throughout the meal. Support to people who needed assistance was offered discreetly by staff and at a relaxed pace.

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

- People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. The GP visited the service weekly and as needed. We saw staff contacting the GP when a person said they felt unwell.
- Care records evidenced the involvement of external health care professionals. These included specialist health services, district nursing services, speech and language therapists and dieticians.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- We observed some positive interactions between people and staff. Staff responded to people respectfully at all times, answering their questions, providing reassurance and doing so with a smile. People spoke positively about the caring nature of staff. One person said, "The staff are kind and caring." Another person said, "The staff are really lovely, nice people." A relative said, "The staff are absolutely perfect, they are so accommodating and approachable."
- Information on people's past lives was recorded to assist staff to better understand them. Staff and the management team demonstrated a good understanding of the people they were supporting.
- Staff were trained in equality and diversity and there was an up to date policy.

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

- Staff supported people to make decisions about their care. We observed staff waiting for consent before any support was delivered. A person told us staff always asked for their consent before supporting them.
- We saw in care plans people's views were recorded and we observed staff involve people in making decisions.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy and dignity.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a very caring way.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised care to ensure they made choices and had control to ensure their needs and preferences were met. People's care plans recorded their likes, dislikes and what was important to the person. The plans were person-centred and written with the involvement of the person.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

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

- People had access to some activities when they were scheduled. People told us the activity coordinator had recently left the service and they 'missed her' as they felt there wasn't as much to do.
- We saw staff had organised some activities with people including pamper days and mocktail making day. We saw people were reading newspapers and chatting to staff and each other on the day of inspection and a relative said "The activities they are doing are great. Lots of interactions on Facebook that we can share with our families."
- Staff and people also told us about and showed us the new bar area at Norwood Grange where people can socialise whilst having a drink.
- The registered manager said staff were involving people in activities and the service were actively trying to recruit another activities coordinator. We saw evidence of this recruitment process.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the standard and ensured all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files for staff to follow.
- Staff communicated with people in various ways and in line with their needs.
- Staff responded to people's body language and gave time for people to respond.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The provider used this process to learn and develop their service.
- People we spoke with told us they could raise any concerns with the staff and registered manager and felt listened to.

End of life care and support

- End of life care and support was provided in partnership with visiting professionals.
- In the case of a prior death in the home, GPs were called out as needed and end of life medicines were prescribed and district nurses were involved to support the person and staff. These steps helped ensure this person had a dignified death.
- Some staff had received specific training, so they had the skills to support people in 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements.
- The registered manager completed a daily walkaround of the home. We saw completed documents of these walkarounds which included checks on people's care, infection control, dining experience, colleagues, bedroom checks and feedback from people was also obtained.
- The provider audited the service regularly, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service.
- The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.
- There was a registered manager who was supported by a team of staff. They had a good understanding of the requirements of their roles. They understood the current best practice in care and how to ensure information was accessible. They understood about people's rights and how to promote them while keeping people safe.
- Staff received regular supervision and appraisals of their performance. Staff were happy with the way they were managed.
- The registered manager told us they received enough support from the provider. They told us there was a consistent approach to ensure all staff were supported and well led.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff meetings were held, and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues. Staff told us the registered manager was very 'visible' in the home and they felt listened to. One member of staff said, "(Registered manager) is really good, you can go to her with any problem and she is lovely."
- Staff told us they felt appreciated by the management team and they worked well as a team.
- Satisfaction surveys were undertaken annually and on an ongoing basis in between for people who used the service, their relatives and relevant professionals. This ensured feedback was obtained to drive improvements. The notice board in the foyer of the home contained feedback forms and other information

about the service for people and visitors. A relative said, "The communication is very good, I get a response to any worries straightaway."

- The feedback from people and relatives about the service and management team was positive. Comments included, "Norwood Grange is absolutely perfect we are delighted, all the family are," "All our friends and families have given Norwood Grange the thumbs up" and "It's beautiful clean place, the staff are brilliant."

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

- The management team was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

- The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The management team had sent statutory notifications to the CQC as required.

Continuous learning and improving care

- The registered manager understood their legal requirements.

- The registered manager and management team demonstrated an open and positive approach to learning and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.

- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.