Norton Manor Care Limited

Norton Hall

Inspection report

Woodbury Park
Norton
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Tel: 01905357766

Date of inspection visit:
12 November 2018

Date of publication:
19 December 2018

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

We carried out an unannounced comprehensive inspection of this service on 12 November 2018.

Norton Hall 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. A maximum of 31 people can live at the home. There were 28 people living at home on the day of the inspection and nursing care is provided. A number of people lived with dementia.

This service also provides a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to 15 older adults.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us that the care and support they received from staff made them feel safe. . People told us that staff assistance maintained their safety and staff understood how they were able to minimise the risk to people's safety. We saw staff help people and support them by offering guidance or care that reduced their risks.

Staff understood their responsibilities in reporting any suspected risk of abuse to the management team who would take action. There were enough staff to meet people's needs in a timely way. People told us their medicines were managed and administered for them by staff. Infection control measures were in place to prevent the spread of infections and where incidents or accidents had happened the provider had reviewed and made changes where needed to ensure that learning from these events took place.

Staff knew the care and support needs of people and people told us staff were knowledgeable about them. Staff told us their training courses and guidance from the registered manger helped to maintain their skills and knowledge. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had a choice of where they ate their meals and enjoyed the meals offered. Where people needed support to eat and drink enough to keep them healthy, staff provided assistance. People had access to other

healthcare professionals that provided treatment, advice and guidance to support their health needs.

People were seen talking with staff and spent time relaxing with them. Relatives we spoke with told us staff were kind and friendly. Staff told us they took time to get to know people and their families. Family members were updated about their family member's well being. People's privacy and dignity was supported by staff when they needed personal care or assistance. People's daily preferences were known by staff and those choices and decisions were respected. Staff promoted people's independence and encouraged people to be involved in their care and support.

People's care needs had been planned, with their relative's involvement where agreed. Care plans included people's care and support needs and were reviewed and updated regularly. People told us activities were offered in the home which were of interest to them.

People and relatives were aware of who they would make a complaint to if needed. People told us they would talk though things with staff if they were not happy with their care.

The registered manager provided leadership for the staff team and people had the opportunity to state their views and opinions. The provider worked in partnership with other local agencies to promote people's well-being. The provider had a range of audits in place to monitor the quality and safety of people's care and support. Action plans were developed to maintain the home and care of people. The provider's planned improvements were followed up to ensure they were implemented.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Norton Hall

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.

Inspection site visit activity started on 12 November 2018 and ended on 19 November 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection of the nursing home, we spoke with 11 people and five visiting friends and relatives. We spoke with four staff, one nurse, the deputy manager, the registered manager and the provider.

We reviewed the risk assessments and plans of care for two people and looked at their medicine records. We also looked at audits for reviewing people's care, the home environment, safety checks and maintenance checks. We looked at three Deprivation of Liberty authorisations, complaints records, and an overview of the last two months incident and accident audits.

During the inspection of the Domiciliary Care agency we spoke with three relatives. We spoke with two staff, the deputy manager and the registered manager.

We reviewed the risk assessments and plans of care for one person and looked at their medicine records. We also looked at audits for reviewing people's care, the home environment and staff meeting minutes.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse and were supported by staff that had been through a recruitment process which supported the provider to assess their fitness for the role. One person told us, "People here are nice to you; treat me good." Systems were in place so that staff were able to recognise and report allegations of abuse.

People were supported to manage their risks and risk assessments had been completed. The risk assessments were consistently assessed, reviewed and updated. All staff we spoke with understood and knew how to manage people's risks.

Where a person's needs had changed as a result of an incident the information had been documented and reported to the management team to make the required changes and update the person's care plan. Systems and process demonstrated how the provider was preventing or reducing a repeat of the incident.

People told us their needs were met without delay and staff were available. We saw staff were available to respond to their requests and monitor their safety. One person told us, "They are always there if you need anything." People had call buttons to request staff support and we saw these were answered without delay. People who received support in their own home told us staff arrived on time and stayed for the agreed call length. One relative told us, "There are enough staff, never had an issue with missed or late calls."

We spoke with staff who told us they were confident they had time to look after the needs of people and promote and protect people's safety. The registered manager reviewed people's needs and projected how many staff would be needed to fully support people. The registered manager confirmed this would be used alongside observations and feedback from others in the home to ensure people and their relatives felt supported.

All staff received a supervision in which details of their roles, expectations and conversations about people at the home had been discussed. Staff told us about their training and how this underpinned their skills and knowledge.

All people were supported by nursing staff to take their medicines every day. We saw people were supported to take their medicine when they needed it with the nurse taking time to explain the medicines and staying with the person whilst they took them.

Nursing staff ensured people received their medicines at particular times of the day or when required to manage their health needs. Nursing staff told us they knew when people needed 'as required' medicines and the information had been available to them alongside the medicine administration records (MAR) folder. Where people required a short-term course of medicines we saw that these had been ordered and administered. People's medicines records were checked frequently to ensure people had their medicines as prescribed.

The home was clean, maintained and odour free and staff were seen to use protective equipment, such as gloves and aprons where appropriate to reduce the risk of cross infection. Housekeeping staff were employed to work every day and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this.

Good

Is the service effective?

Our findings

People had the opportunity to discuss their needs and choices when the provider had completed an assessment of their care needs. People were happy that staff understood their care needs well and provided the care they wanted and needed.

Nursing and care staff told us about the needs of people they supported and how they had the knowledge to support and respond to people's care needs accordingly. When new staff started they were supported by spending time with experienced staff. One person said, "New staff come round with a senior and are under their guidance". Staff we spoke with told us the training was focused on courses that reflected people's needs within the home. Nursing staff told us these had included access to specialist external training such as syringe driver use to support individual care. All staff received supervision which they told us supported them in their role and caring for people. One relative said, "The staff are very knowledgeable and are trained to a high standard."

All staff we spoke with they told us that the management team supported them in their role to provide good quality care for people. They told us that in addition to the management team being always available to talk to, they also had structured routine meetings and supervisions to talk about their role and responsibilities.

People's meal time experience was unhurried, relaxed and calm. Where people required assistance and prompts with their meals, staff were attentive to people's needs. One person said, "The staff bring the food and drink to me." People were happy with the food and choices offered and one person said, "The meals are lovely and there is a choice.". People were helped to maintain their independence with eating and drinking and we saw aids in use, such plate guards and adapted cups. People had access to drinks during the day or people were able to ask staff for them. We saw that staff frequently offered a selection of hot and cold drinks to people.

Care plans showed that people had been supported to have improved health outcomes such as maintaining a healthy weight and healed wounds. Relatives said that staff and management were knowledgeable about their loved one's care needs and the support they needed. The nursing staff also provided care in line with current guidance and took advice that had been given by community health professionals and GP's.

People saw their GP as needed and the GP visited the home weekly to review their health and care needs. People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. People had seen opticians, dentists when they required it. Records showed where advice had been sought, action had been taken to maintain or improve people's health conditions.

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People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 checked whether the management team and care staff were complying with any conditions applied to the authorisation and whether they knew who these were for and what the restriction were for. All staff had received training and understood the requirements of the Mental Capacity Act in general and the specific requirements of the DoLS.

The home was accessible to people with an outside garden area. People spent their time in the communal lounge or their bedrooms.

Good

Is the service caring?

Our findings

We saw people were comfortable with staff who responded with fondness and spoke about things they were interested in. One person told us, "It's brill, fantastic and nothing is too much trouble". We observed the atmosphere in the communal areas and saw staff and people enjoying their time together.

We saw a number of visitors come into the home to see and spend with their family and were welcomed by the registered manager and staff. One relative said, "The [staff] are so pleasant when you come through the door." People told us how involved their families were in their lives and when they had contributed in planning their care. One relative told us, "The carers are excellent. I can't speak highly enough of them. They are so very caring and show the up most compassion to my relative."

When staff were spending time with people in the communal areas they were greeted with hugs and smiles from people. Staff knew people in the home well and were able to tell us about their history and current circumstances. Staff we spoke with told us they all worked well together so people received care that met their needs and how they enjoyed supporting people in the home.

People were able to share with staff their day to day needs or choices, for example one person told us, "It's surprising how people are there for you all the time. It doesn't matter which member of staff"." Staff recognised where people may need support and provided the person with individual care. One person told us, "I like the companionship and I can do what I want.".

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. One person told us, "I do the bits I can, and they do the rest." Staff asked people's permission before carrying out any tasks and were patient and took time to observe people's verbal and non-verbal communication.

All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first before delivering their care and support. One staff member told us, "The support can vary day to day. It can depend how they feel." Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information and showing people options to help them make a choice such as two items of clothing.

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. People were able to spend time on their own in their bedrooms and staff were seen to knock or ask before entering a room and we heard how the staff listened to the person's request for privacy. One relative told us, "Staff always make sure personal care is carried out in privacy and are respectful."

We saw staff were discreet when discussing people's personal care needs. We saw one staff member discreetly prompt one person personal care so they maintained this person's dignity. When staff were speaking with people they respected people's personal conversations and views. People's personal

information and personal files were stored securely. Staff and the registered manager were aware of the need to maintain confidentiality and store information securely.

Good

Is the service responsive?

Our findings

People received care and support which was personal to them. One person told us, "If I wanted something done differently, I'm confident they'd do it." People's needs had been assessed prior to them moving to the home and people's records detailed their current care needs which had been regularly reviewed and any changes noted. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where a person had developed a pressure sore, information about the condition was placed in their plan so staff could access and understand how if affected the person

Care plans we looked at showed how people's health and well being had been reviewed consistently and improvements were noted in people's weight and skin conditions. Relatives told us they were confident that their family member's health was looked after and were informed of any changes or updates and where agreed were starting to review the plans of care. One relative told us," The staff knew my relative's needs from our involvement."

Staff were familiar about people's needs, and provided information about people's likes and dislikes. People's needs were discussed when the staff team shift changed and information was recorded and used by staff coming onto their shift to ensure people got the care needed. The nurse leading the shift would share any changes and help manage and direct care staff.

People told us about their hobbies and interests and the things they could do day to day and the group activities provided. One person told us, "They [staff] brought in water colours and spent an hour or so with me, which was nice." One staff member that provided activities told us they spent time individually with people, such as coffee and a chat. People's religious choices were known and were supported with visits from a local church.

The accessible information standard looks at how the provider identifies and meets the information and communication needs of people with a disability or sensory loss. It relates to keeping an accurate record and where consent is given share this information with others when required. The provider had equality and diversity policies and procedures in place which staff knew about and told us the policies were easily accessible if needed. Staff were able to identify people's needs as part of the initial assessment process and during reviews with people.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. One person told us, "Tell the manager or the staff if something was not right, they are cracking people." All staff and the registered manager said where possible they would deal with issues as they arose. The manager had recorded, investigated and responded to complaints.

We spoke with nursing staff about how people were supported at the end of their life. They had completed an end of life care plan which was person centred and recorded the wishes of the person in the event of their death in detail. Where completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussions

had been done in a timely and sensitive manner.

Good

Is the service well-led?

Our findings

There was a registered manager. 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.

The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The registered manager and provider had quality assurance systems to monitor and assess the standard of care people received. Audits identified ongoing improvements. The management team ensured all records were accurately maintained to demonstrate how changes to people's needs were being managed.

The registered manager had a new process in place for staff to record any accidents and incidents were which included management oversight. The management team oversight provided the opportunity to investigate the incident to ensure that any risks to people were identified and reduced or eliminated where possible. This included referrals to the GP, mental health teams and social workers in support of people's care.

The management culture was to ensure people received care that was right for them and the vision was shared by all staff. Staff meetings were held and had been planned going forward and staff told us they were encouraged to make suggestions and were listened to. The staff team was led by the registered manager and deputy manager and the staff team told us they enjoyed working at the home.

People and their relatives were complimentary about the management team at the home and the relationships that were being developed. The registered manager had held residents meetings and the actions from these meeting demonstrated that steps had been taken to in relation to suggestions such as menu planning. One relative said, "I would recommend the service to everyone, it takes such a lot off my mind to know my relative is safe. They are our lifeline."

The manager felt supported by the provider and kept t their knowledge current. The provider also referred to CQC and National Institute for Clinical Excellence (NICE) for support in guidance about best practice and any changes within the industry. NICE is a non-departmental public body that provides national guidance and advice to improve health and social care in England. The manager had been in contact with specialists within the local area to promote positive working relationships. For example, the local authority commissioners and people's social workers.