

Four Seasons (No 7) Limited

Norwood Green Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Norwood Green is a care home with nursing for up to 92 older people. At the time of our inspection 76 people were living at the service. Some people were living with the experience of dementia and some were being cared for at the end of their lives. The service is managed by Four Seasons Healthcare, a private organisation providing care in residential care homes across England and Scotland.

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

The risks of people falling had not always been fully assessed or mitigated.

People did not always have opportunities for meaningful and engaging activities.

The provider's systems for monitoring and improving the quality of the service were implemented. But sometimes these were not effective enough to enable the required changes and improvements.

People received care and support which met their health and personal care needs. The staff worked closely with other healthcare professionals to make sure needs were assessed and planned for. People had enough to eat and drink.

People received their medicines safely and as prescribed.

There were enough staff to keep people safe and meet their needs. The staff received the training and support they required to understand how to care for people safely and well.

People were cared for by kind staff who understood people's differences and respected these. They supported people to make choices and people told us they liked the staff and had good relationships with them.

There were systems designed to safeguard people from abuse. The provider investigated and learnt from complaints, allegations of abuse, accidents and incidents. They shared learning with the staff to help improve the service.

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.

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 this service was requires improvement (published 2 December 2021). The service remains

rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

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

At this inspection we found some improvements had been made, but the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We carried out an unannounced comprehensive inspection of this service on 9 August 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed and remains requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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 Green Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

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.

We have identified breaches in relation to safe care and treatment, person-centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Norwood Green 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 visits took place over two days. The first day of the visit was conducted by two inspectors, a nurse 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 second visit was conducted by a member of the CQC medicines team.

Service and service type

Norwood Green Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Norwood Green Care Home is a care home with nursing care. 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

We looked at all the information we held about the provider which included the action plan following the last inspection, information about safeguarding concerns and notifications of significant events from the provider. 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.

During the inspection

We spoke with 10 people who lived at the service and the visitors for three people. We met staff on duty who included nurses, care workers, senior care workers, the management team and the activities coordinator. We observed how people were being cared for and supported. Our observations included 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 looked at the records the provider used for managing the service, which included care records and staff records, as well as meeting minutes and audits. We looked around the building and looked at how medicines were being managed.

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.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had not always been assessed or mitigated because the staff did not take adequate steps to prevent falling.
- During the inspection, we witnessed incidents where people were at risk of falling. These included a person attempting to use a walking frame which was connected to the wall by the cord of a call bell device and a person whose skirt was too long and caused a tripping hazard. In both these cases, staff were present as people were walking but did not intervene until alerted to by members of the inspection team.

We found no evidence people were harmed, but there was a risk of falling which had not been safely managed and this was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, the registered manager told us the action they had taken to help prevent the risk of falling for these people, which included reviewing practices and speaking with staff.
- The staff assessed other risks relating to people's health and wellbeing. Risk assessments were incorporated into plans of care, were regularly reviewed and updated when needed.
- The provider made sure the building and equipment (such as hoists and adjustable beds) were safe. They undertook regular checks and addressed any concerns and faults.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. However, we noted that on several occasions staff assigned to work individually with one person (due to identified risks, such as falling or becoming anxious) sometimes left the person to support others. This meant the risks for the person increased and indicated that there were not enough staff to support others at that moment in time. We discussed this with the registered manager, and they provided information following our visit to show how they had addressed this with staff to prevent this happening again.
- The provider used a dependency tool to regularly reassess staffing levels. Some people told us they had to wait longer than they wanted when they needed support to use the toilet. We discussed this with the registered manager who explained how staffing levels were calculated and that people did not often have to wait, but there were occasions when staff could not attend to everyone's needs at once.
- There were systems for recruiting staff to help make sure they were suitable. These included a range of checks on their suitability and identity as well as assessments of their skills and knowledge during their induction.

Using medicines safely

- People received their medicines safely and as prescribed.
- Medicines were administered by trained and competent staff and recorded on Medicines Administration Records (MARs).
- The MARs we reviewed showed people were receiving their medicines as prescribed. Separate body maps were available to show where medicated creams and other topical preparation needed to be applied.
- Protocols were available to guide staff on when it would be appropriate to administer medicines which were prescribed to be taken 'when required'.
- Medicines audits were carried out routinely and we saw that identified actions were carried out by relevant staff.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems and processes to help keep people safe from the risk of abuse.
- The provider had systems for learning when things went wrong. They undertook an analysis of incidents and shared learning from these with the staff.
- There were systems designed to protect people from the risk of abuse. The staff had training so they could understand about abuse and knew what to do if they identified this.
- The provider had worked with the local safeguarding authority to report, investigate and learn from safeguarding incidents.

Preventing and controlling infection

- There were suitable systems for preventing and controlling infection. The procedures and policies were updated in line with latest government guidance for care services during the COVID-19 pandemic.
- The environment was kept clean and there were systems with dealing with waste and laundry. There were regular infection control audits and checks on cleanliness.
- The staff had received training regarding food hygiene, infection prevention and control and use of personal protective equipment (PPE).

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection, we found improvements were needed to the environment. At this inspection, we found the provider had started to make these improvements with better signage and information for people to orientate themselves. We discussed ways they could further improve the environment to meet people's sensory needs. The registered manager explained they had assigned the roles of dementia champions to some of the staff and part of this role would be to look at ways they could improve the environment further.
- The building was appropriately ventilated and lit. People had access to the equipment they needed and there were checks to make sure this was suitable and safe.

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

- People's needs were assessed before they moved to the service and during their initial days of living there. The assessments were comprehensive and took account of people's choices, social history and needs. People, their families and other professionals contributed information to help with the assessments.
- The staff used the information to help create care plans so people received the right consistent care to meet their needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the training, skills and experience they needed. The provider supported staff to learn through an induction into care, the service and the organisation's objectives. Staff completed workbooks and were assessed throughout their induction.
- There were regular training updates for staff and the registered manager had an overview of this to make sure staff were undertaking the required training.
- The staff took part in regular team and individual meetings to discuss their work and the service.

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

- People had enough to eat and drink. Their nutritional needs were assessed, planned for and monitored. The staff liaised with other professionals when needed to make sure people's needs were being met.
- There was a range of food catering for different diets. The kitchen staff had a good understanding about people's needs and preferences.
- The staff helped make sure people stayed hydrated. They offered and provided a range of hot and cold drinks throughout the day. They monitored people's food and fluid intake when there was an identified risk of malnutrition or dehydration.

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

- Staff supported people to stay healthy and well. They assessed and planned for their healthcare needs. Staff made timely referrals for additional support when needed and followed guidance from other healthcare professionals.
- People had access to regular GP appointments when needed and saw other professionals when they needed. The staff worked closely with community nurses and the GPs sharing information about people's needs and making sure they had opportunities for consultation.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider acted within the principles of the MCA. They undertook assessments of people's mental capacity in relation to specific decisions. For people who lacked mental capacity the provider worked with their representatives and others to make decisions in their best interests.
- The provider had made applications for DoLS authorisations when there was an identified need. The provider made sure conditions of DoLS were met and planned for.
- When people were able, they had been asked to consent to their care and treatment plans and this was recorded. Staff understood about the need for consent, offered people choices and listened to what they wanted when providing care and support.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant people's needs were not always met.

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 found people were not always supported to take part in a range of suitable activities. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider remained in breach of Regulation 9.

- People did not always have opportunities to engage in meaningful activities. Throughout our inspection, we saw people were not offered things to do or stimulation. Lounges and communal areas were not well resourced and for most time people did not take part in any group or individual activities.
- The provider had recently employed two activities coordinators for the service. They provided some individual and group support, although they did not have a planned programme of activities. Therefore, people were not informed about these in advance so they could make choices. Whilst we observed some kind interactions, we also witnessed the provision of an activity which was not appropriate. Some people involved in the activity voiced their discomfort about the rules of the game they were playing.
- People told us they did not have things to do and they had limited support to pursue individual interests. They also told us there was not a good supply of games, puzzles and other resources for them to help themselves to or access with support.

Failure to meet people's social and leisure needs was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager explained they had struggled to recruit activities coordinators and the new staff members in these roles needed further training and support to improve the quality of activity provision. They explained they had identified this and there were systems in place to offer this support and information about how to provide appropriate activities.

End of life care and support

At the last inspection, the provider had not properly assessed and recorded people's wishes in respect of end of life care. This was a breach of Regulation 9 (person-centred care) 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 breaching this part of Regulation 9.

- The staff had liaised with people using the service and their representatives to create care plans which outlined people's wishes and preferences for care at the end of their lives, death and funeral arrangements.
- The plans included information about people's personal choices, religion and things that were important to them or their family.
- The staff worked closely with palliative care teams to make sure people received the right support and care at this time. They helped to keep people comfortable and pain free. Staff received training to better understand about best practice when supporting people at the end of their lives.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences.
- People told us their needs were met and they were happy with the care they received. People and their families told us they were not always aware of involvement with planning and reviewing their care. The registered manager told us they tried to involve people in the review of their care through monthly 'resident of the day' reviews. They agreed to look at how messages around this were communicated with people, so they felt more involved.
- Care plans were clear, appropriately detailed and regularly reviewed. Staff recorded the care they had provided and monitored people's health and wellbeing.

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.

- People's communication needs had been assessed and included in care plans. There was information about how to support people to understand choices.
- Information about the service and people's care was available in different formats when this was needed or requested.

Improving care quality in response to complaints or concerns

- The provider had systems for dealing with complaints. People were aware of the complaints procedure and knew who to speak with if they had any concerns.
- The provider had investigated and learnt from complaints they had received.

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 requires improvement. The rating for this key question has remained 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.

Continuous learning and improving care

At our last inspection, we found systems and processes for monitoring and improving the quality of the service were not always effectively implemented. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider remained in breach of Regulation 17.

- The provider's systems did not always identify or mitigate risks. We identified a number of risky practices and situations. These included people placed at risk of falling, poor storage of hoists and slings, an open sluice room and staff assigned to give people individual support leaving that person to support others. This showed that systems were not always effectively implemented to monitor these risks and ensure quality care was provided.
- Whilst we found some improvements since the last inspection, the provider remained in breach of Regulations and this showed their systems for monitoring and improving quality were not always effective enough.

We found no evidence people were harmed, but failure to effectively implement systems to monitor risk and improve quality was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our visit to the service, the registered manager took steps to address the concerns we had identified. They also put in place systems to help prevent these reoccurring, for example, updating people's care plans, meeting with staff to discuss practice and reviewing risk assessments. The registered manager sent us evidence of this.
- The staff and management team carried out checks and audits on the service. When they identified improvements were needed, they created action plans and regularly reviewed these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was suitably qualified and experienced. They worked alongside staff to support people and had a good overview of the service and individual people being cared for. Staff told us the registered manager was approachable and supportive.
- The provider had a range of policies and procedures which included good practice guidance and relevant legislation. Staff were supported to understand these through training, meetings and information sharing.
- The provider understood their responsibilities under duty of candour, had submitted notifications to CQC and shared information with other agencies when needed. They had carried out investigations into complaints and adverse events and had apologised when things went wrong.

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

- People received personalised care which met their needs. They liked the staff and felt well cared for. People were offered choices and the staff treated them respectfully.
- People's diverse needs, including religion and culture, were catered for and the staff had information about these and what was important for people.
- Staff felt well supported and enjoyed working at the service.
- People using the service, their families and staff were well informed and had opportunities to share their experiences and be involved through meetings, surveys and reviews.

Working in partnership with others

- The staff worked with others to make sure people's needs were met. They followed guidance and information from health and social care professionals.
- The registered manager worked with the local authority, other care providers and managers to share their experiences, learn from each other and discuss their services.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered persons did not ensure care and treatment of service users was always appropriate, met their needs and reflected their preferences. Regulation 9
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons did not always ensure care and treatment was provided in a safe way to service users. Regulation 12
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons did not always effectively operate systems and processes to assess, monitor and mitigate risks. Regulation 17