

Normanton Limited

Normanton Lodge

Inspection report

14 Normanton Avenue
Bognor Regis
West Sussex
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Tel: 01243821763

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30 November 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this home in October 2017 and rated the home Good.

On 29 November 2018 we carried out an unannounced focussed inspection, prompted in part by a notification and a safeguarding concern. The information shared with the CQC indicated potential concerns about the management of risks to people.

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

Normanton Lodge accommodates up to 26 people in one adapted building. At the time of inspection, there were 25 older people living at the home, some of whom were living with dementia.

The home is situated in Bognor Regis, West Sussex. Accommodation was provided over two floors with a lift for people to use when accessing the upper floor. There were assisted bathrooms on each floor, a dining room and one lounge area on the ground and first floor.

The manager was new in post and registered with the Care Quality Commission in November 2018 and was supported by a deputy manager, who had been the previous registered manager for over 20 years. 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 this inspection we found that Normanton Lodge continued to have effective processes and systems in place to keep people safe and the home was well-led.

The home continued to have robust safeguarding systems, policies and procedures to protect people from abuse. Local safeguarding procedures were followed to respond to safeguarding concerns promptly.

Risks to people continued to be assessed to keep people safe. There were sufficient numbers of staff to support people and meet their needs safely. One person told us, "Yes, there are enough staff and I do get help quickly."

Risks associated with the environment and equipment had been identified and managed well. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Medicines were managed safely and in accordance with current regulations and guidance. There were

systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Normanton Lodge continued to promote a positive culture that was person-centred, open, inclusive and empowered people to live healthy active lives. One person told us, "They do seem well trained, because they just get on with their jobs. I think it's just like a family in here and they are very kind to me."

The registered manager and provider actively involved staff in opportunities to continuously learn and improve the quality of the service, taking on board feedback from people and relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Normanton Lodge

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Normanton Lodge on 29 November 2018.

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.

The inspection was prompted in part by a notification and a safeguarding concern. The information shared with us indicated potential concerns about the management of risks to people. We also looked to see how the nominated individual was using enough skilled staff, preventing and learning from safety incidents, safeguarding people and operating effective quality assurance and governance systems.

The team inspected the service against two of the five questions we ask about services: is the service safe and well-led. This was because of the concerns that had been shared with us. No risks or concerns were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

For this inspection we did not request a Provider Information Return (PIR). 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. This is because we undertook this inspection at short notice due to concerns that we had received from the local authority.

We reviewed other information we held about the home. We considered the information which had been shared with us by the local authority and other people. We looked at safeguarding concerns raised and notifications which had been submitted. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

This inspection was undertaken by one inspector and an expert by experience. An expert by experience is a

person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had experience of dementia and elderly care.

During our inspection we spoke with people generally living at the home and eight people individually. We also spoke to one visiting family member and two visitors. We spent time observing how people were cared for and their interactions with staff to understand their experience of living in the home. We spoke with three care staff, the nominated individual, registered manager, deputy manager and a visiting health professional.

We spent time looking at records, including three people's care and support records, three staff recruitment files and staff training records. We also looked at records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We reviewed other records, including the registered manager's internal checks and audits, medicines administration records (MAR), health and safety maintenance checks, accident and incidents, compliments and complaints.

The home was last inspected in October 2017 and was rated Good.

Is the service safe?

Our findings

Staff understood their responsibilities to recognise potential abuse and local safeguarding procedures were followed to respond to safeguarding concerns promptly. One member of staff told us, "I would check if the person's behaviour has changed or physical signs such as bruising or if the person is withdrawn. I would complete an incident report, document the details in the person's care plan and then the registered manager would take over. If I thought the registered manager was the one causing the harm I would contact the local authority or the police." We found safeguarding information located in the hallway available to people, so they understood what keeping safe meant. One person told us, "Yes, I've been safe here and I feel safe because the staff are so nice and are good to me." One relative told us, "We make weekly visits and yes, it seems to be a safe place and we would say something if we saw anything unsafe." The home had a whistleblowing policy to ensure staff understood how to raise concerns.

Systems were in place to appropriately identify and assess specific risks to people to ensure they were protected, including how staff supported people with behaviours that can challenge. Staff involved people in decisions about any risks they took. Risk assessments were reviewed monthly to ensure they remained current and continued to meet people's needs. There was guidance for Staff to keep people safe and reduce the risk of harm to people. We saw safe care practices taking place, such as staff supporting people to mobilise around the home. The new registered manager told us that they were in the process of reviewing and developing clearer documentation for staff to further improve on the information captured in people's risk assessments.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded and analysed to look for trends. Staff told us that the learning was shared through team meetings and at handovers throughout the day. The registered manager told us, that they had introduced a 'reflection report' to fully consider what the home could have done better. This included identifying further training needs or observing staff to improve practice and prevent similar accidents or incidents happening again.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Scheduled checks of the premises and equipment helped to ensure that any ongoing maintenance issues were identified and resolved. People had personal emergency evacuation plans (PEEPs) to guide staff in safe evacuation.

People were protected by staff following the home's infection control procedures. There were policies, procedures and systems for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting. The registered manager had appointed a member of the team as an 'infection control' champion to carry out regular audits and identify areas for improvement. One person told us, "Oh yes, they do keep the place clean." The registered manager told us that infection control training was mandatory for staff, and records we saw supported this. We saw that any hazardous waste was stored securely and disposed of correctly.

We observed sufficient numbers of staff to keep people safe and rotas confirmed this. The registered

manager used a dependency tool to determine levels of support for each person. People and staff told us, they thought there was enough staff and one person said, "Yes, I think there are enough staff here and If I ask for help, I get it, usually quickly." The provider had an established care team, some of whom had worked at the home for many years. The provider occasionally used agency and bank staff to cover staff shortages to ensure sufficient staffing levels were maintained. We observed staff responding to people's call bells promptly and people were not left waiting for long periods of time. One person told us, "There are enough staff, sometimes there are two staff to one resident and when someone calls for help, staff come straightaway."

Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector.

People received their medicines safely. Clear policies and procedures were in place for the safe, storage, administration and disposal of medicines. Staff received regular training and competency assessments to ensure their practice remained safe. We spoke to and observed a senior member of staff administering medication who confirmed they received regular training. Medicines Administration Records (MAR) were only signed off once medicines had been administered. There was also clear protocols and guidance for administering medications 'as required' (PRN). One person told us, "I do get my medication regularly and I do know what I am taking tablets for."

Is the service well-led?

Our findings

The registered manager had worked at Normanton Lodge since October 2018 and was supported by the nominated individual, a deputy manager who had been the registered manager for over 20 years and a team of care staff.

People, relatives and staff spoke highly of the registered manager and felt the home was well-led. Staff said they felt supported and could approach the registered manager with any concerns or questions. Staff described an 'open door' management approach. We discussed the culture and ethos of the home with the nominated individual who told us, "Normanton Lodge has a homely feel, very caring and staff go the extra mile. We have the right ethics, it just can't be explained sometimes." One person told us, "I can't fault the place and the staff are absolutely lovely and overall, the place is very good and it has a good reputation." Staff told us that senior management were visible and the registered manager encouraged people and staff to ask questions, make suggestions and raise concerns. One member of staff told us, "The home is very fair and transparent. It's a homely place, giving people choice and meeting people's wellbeing." One visitor told us, "Staff do seem well trained and staff make it feel a very friendly place. There's lots of repartee and laughter going on and it's a very open culture here."

The nominated individual continued to have quality assurance systems in place to review the quality of the home. Audits were used to identify and manage risks to the quality of the home and to drive improvement. Since the registered manager has been in post, they have introduced 'trackers' to identify trends in staff absence, infection control and training. This meant the registered manager and provider had a better oversight of any trends or patterns forming that needed to be addressed.

The registered manager regularly engaged with people, relatives, staff and other professionals to help shape and develop the service. They captured feedback through annual questionnaires and meetings. One relative told us, "We do attend meetings and a lot of information is given. If you had an issue, we would feel quite happy to speak up and there has been a questionnaire." The provider told us, how they listen to people and following feedback they have invested in the home by replacing furniture to make the environment more homely. The registered manager gave an example where the home brought two kittens and at a recent residents' meeting people chose their names. The registered manager and deputy produced a regular newsletter for people, family members and staff to provide updates about 'what going on' at the home.

The registered manager and care team had good working relationships with other agencies such as the GP and other health professionals. A visiting health professional told us, "I have no concerns, the home is good at reporting and getting the team involved. Staff are welcoming and cooperative."

The registered manager and deputy manager attended local provider forums to exchange information and ideas. They kept abreast of local and national changes in health and social care, through Skills for Care, CQC, National Institute for Health and Care Excellence (NICE) and government initiatives.

The home had a policy regarding their duty of candour and the registered manager was open and

transparent, acting in accordance with CQC registration requirements. The registered manager sent notifications to the CQC to inform us of any important events that had taken place in the home.