

Comfy Care Homes Limited

Norwood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Norwood House 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.

Norwood House is situated in Scarborough. The home accommodates up to 20 older people or people living with dementia in one adapted building. They do not provide nursing care.

Inspection site visits took place on 25 and 27 September 2018. At the time of this inspection, the service was providing support to 9 people.

At the last inspection in January and February 2018 the provider was found to be in breach of six regulations. These were Regulation 12 Safe care and treatment, Regulation 13 Safeguarding service users from abuse and improper treatment, Regulation 15 Premises and equipment, Regulation 17 Good governance, Regulation 18 Staffing and Regulation 19 Fit and proper persons employed.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions: Is the service Safe, is the service Effective, is the service Caring, is the service Responsive and is the service Well-led to at least good.

There was a manager in post but they had not yet registered with CQC. At the time of writing this report, an application for the manager to register had been submitted. 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.

Recruitment processes had still not been established and operated to ensure new staff were recruited safely. One to one supervisions had not taken place in accordance with the providers supervision policy. We have made a recommendation about staff supervisions. A plan was in place to ensure all staff were provided with an annual appraisal.

Risks to people had been assessed and recorded although we found some shortfalls in relation to choking risks. Appropriate checks were in place to ensure the environment and the premises were regularly maintained. Risks in relation to windows, bed safety rails and fire safety were in place and regularly reviewed.

Medicines had been stored and administered safely. Assessments of staffs' competencies in this area had been conducted to ensure they had the skills and knowledge to manage and administer medicines.

The service was generally clean and tidy although further redecoration was needed in some areas where

walls were scuffed or marked. A cleaning schedule was in place to ensure the service followed good infection control practice. Malodours were evident in some bathrooms.

People were supported to have maximum 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. Information was not appropriately recorded in relation to best interest decisions. We have made a recommendation about the recording of best interest decisions

People were provided with a variety of meals that they told us they enjoyed. Where people required specialist diets, all staff were not always aware of their needs. Food monitoring charts had not always been completed sufficiently to enable staff to effectively monitor people's nutritional intake.

People told us staff were kind and caring and treated them with dignity and respect. Where possible, people's independence was promoted although people were not always presented with information in a format they could understand. We have made a recommendation about accessible information.

Care plans contained person-centred information which focused on the individual. Pre-admission assessments had been completed prior to a person moving to the service. Some professionals raised concerns prior to this inspection that their guidance was not always followed in relation to suitable admissions to the service.

The manager had introduced a large number of monthly audits to monitor and improve the service. However, these did not always state action that was needed to address any shortfalls found or timescales for completion. They had failed to identify the concerns we found in relation to recruitment and shortfalls within some people's care records.

The provider had failed to implement and conduct effective quality audits to enable them to monitor the service, the managers performance and improvements that were still needed to the service.

Feedback from people, relatives and staff had been sought although it was not clear what action had been taken to address any concerns raised.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At this inspection, we found the provider was in breach of two regulations: Good governance and Staffing. You can see what action we told the provider to take at the back of the full version of the report.

The provider had failed to submit statutory notifications to the CQC when required in relation to Deprivation of Liberty Safeguards authorisations and deaths. This was a breach of Regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009. The provider was also in breach of Regulation 16 Notification of death of a service user. We are dealing with this matter outside of the inspection process.

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.

Safe recruitment processes were not operated effectively.

Risk assessments were detailed and comprehensive, but the risks around choking had not always been safely managed.

Medicines had been stored and administered safely.

Risks relating to the premises, equipment and environment had been appropriately assessed to reduce the risk of harm.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not been provided with sufficient supervision

The principles of the MCA had been followed although records did not always contain sufficient details.

Staff had received training to ensure they had the skills and knowledge to carry out their roles.

Requires Improvement ●

Is the service caring?

The service was caring.

People and relatives told us staff were caring.

Staff supported people to maintain their privacy and dignity.

Staff were familiar with peoples' likes, dislikes and preferences.

Good ●

Is the service responsive?

The service was responsive.

Care plans contained a good level of detail which enabled staff to provide person-centred support.

Good ●

Activities were provided and adapted to meet people's needs.

Documents to monitor people's health and well-being were in place and regularly reviewed. They sometimes lacked detail.

Is the service well-led?

The service was not always well-led.

There was no registered manager in post.

The manager had processes in place to monitor and improve the service. However, they had not always been effective in identifying and responding to shortfalls.

Statutory notifications had not been submitted when legally required.

Requires Improvement 

Norwood House

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.

This inspection took place on 25 and 27 September 2018 and the first day was unannounced. The first day of inspection was carried out by three adult social care inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The expert by experience who supported this inspection had extensive knowledge of caring for older people and people with dementia. The second site visit date was conducted by an adult social care inspector.

Before the inspection we reviewed information we held about the service. We contacted the local authority adult safeguarding and quality monitoring teams as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

The provider had not been asked to send us a 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 any improvements they plan to make.

During the inspection we spoke with five people who used the service and two people's relatives. 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 spoke with the provider, manager, deputy manager and three members of care staff.

We reviewed three people's care plans, risk assessments and daily records. We checked the arrangements in place for managing medicines and recording accidents and incidents. We reviewed two staff's recruitment and induction records and three staff supervision and appraisal records. We looked at training records, meeting minutes, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in January & February 2018 we found the service was in breach of a number of regulations linked to this key question. This included Regulation 12 Safe care and treatment, Regulation 15 Premises, Regulation 13 Safeguarding service users from abuse and improper treatment, and Regulation 19 Fit and proper persons employed. At this inspection we found that improvements had been made in relation to the delivery of safe care and treatment and the regulated premises, alongside the processes in place to safeguard people who used the service. However, we found that there remained shortfalls in the recruitment processes the provider had in place.

We viewed two recruitment files for staff who had been employed in April 2018 and found safe recruitment processes had not been operated or followed. One member of staff had only one references on file which was dated four months after employment commenced. Gaps in employment history had not been fully recorded or explored during the interview process and their Disclosure and Barring Service check had not been received until two months after employment commenced. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with vulnerable adults.

Within the other recruitment file, we found similar concerns. A full employment history had not been recorded and references had not been requested or received from the member of staffs previous employer. Two telephone references had been obtained but they contained no details of what questions were asked or responses given.

We discussed these shortfalls with the manager who told us, "Since these two people were employed we have made changes to the recruitment process. We now have a checklist in place that we use to ensure all appropriate pre-employment checks are completed." They told us they would review the recruitment files for these two members of staff and ensure any shortfalls were addressed.

Failure to establish and effectively operate safe recruitment procedures is a continued breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act (Regulated Activities) Regulation 2014).

People and relatives told us they felt the service was safe. Comments included, "I am safe. My son would see to it if I was not," "I feel safe here. I like it. There is more staff than the last place I was in" and, "It is a comfortable place and the quality of care is good. They make sure [Name] is safe."

Risk assessments were now in place for people which clearly identified associated risks and how these should be managed. For example, a behaviour risk assessment was in place for one person who suffered with anxiety. This provided details of how the risk should be managed and distraction techniques that should be used. One person had moved to the service in June 2018 and was at risk of choking. The persons care plan detailed foods that were high risk and which should be avoided. It also stated that the person

should be observed when eating. We found there was no choking risk assessment in place and staff were not fully aware of the choking risk for this person. We discussed this with the deputy manager who told us they had spoken with staff on numerous occasions and discussed the person's needs. Plans were in place for a full review of the person's care plan and risk assessments. When we visited on day two of the inspection, a choking risk assessment had been put in place and contained relevant information.

Where people required regular re-positioning due to the risk of pressure damage, we found care records now clearly detailed what pressure relieving equipment people had in place and how often they needed to be re-positioned. Monitoring documentation had also been introduced which had been completed appropriately by staff.

Following the last inspection, the provider took action to service all call bells to ensure they were in working order. Servicing certificates we looked at confirmed this. During a tour of the service it was clear people had access to call bells where this was appropriate.

Premises were safe. We found that window safety regulations were being complied with. A contractor had visited the service and applied strengthening safety film to all windows. Where windows within the service were assessed as 'high risk', window bars had also been put in place to reduce the risk further. A contractor had also completed a survey on all windows to ensure the integrity of window frames was within safe limits. Recommendations that had been made by the contractor, such as some window putty needing replacing to ensure glazing was sufficiently secure, had been actioned. There still remained a small number of windows that were sealed shut which resulted in inadequate ventilation. The provider was taking action during the inspection to ensure this was rectified.

Records showed that regular fire drills were now being conducted. The fire authority had visited the service the week prior to our inspection and found no concerns. A fire risk assessment was now in place and had been regularly reviewed. Checks on areas such as fire exits, emergency lighting and firefighting equipment had been completed on a regular basis.

Since the last inspection all staff had received refresher safeguarding training. There was a policy and procedure in place to provide guidance to staff on how to identify and respond to safeguarding concerns. Staff we spoke with were knowledgeable about their roles and responsibilities in relation to safeguarding. Safeguarding concerns identified since the last inspection had been appropriately reported, recorded and responded to.

The management of medicines had also been improved since the last inspection. The manager had taken action to ensure staff competencies in relation to medicine administration had been assessed and refresher training had been provided. Medicines were stored safely, and records of room temperatures were now kept ensuring medicines were stored within safe limits.

We looked at six medicines administration records (MARs) and found these had been completed appropriately and contained the required information. Where people used topical medicines such as creams, body maps were in place to provide clear guidance to staff on where the cream was to be applied. People who required 'when required' medicines had appropriate protocols in place to provide sufficient guidance to staff.

Observations showed there was enough staff on duty to support people safely. During the day there was one senior and two care staff on duty to support 9 people and at night, two staff with on call support provided by management who could be contacted in an emergency. A dependency tool was used to ensure safe staffing

levels were in place. This was reviewed monthly.

Overall, the service was adequately clean and odour free. We did identify a malodour in one toilet and curtains in the dining area which were stained. We discussed with the manager and provider who agreed to address these concerns. The domestic staff had a list of tasks they were to complete on a monthly, weekly or daily basis. This included cleaning of carpets and deep cleans of all bedrooms at least once a month. The provider also conducted 'walk rounds' of the service to highlight any areas that needed addressing although these were not conducted consistently.

Is the service effective?

Our findings

At the last inspection we found the service was not effective and awarded a rating of inadequate. At this inspection we found improvements had been made, however further improvements were needed.

The provider was previously in breach of Regulation 18 Staffing. This was because staff had not been provided with sufficient training to ensure they had the skills and knowledge to carry out their role.

At this inspection we found sufficient improvements had been made with regards to training provided to evidence the requirements of this regulation were now being met.

Since the last inspection, training had been provided by the local authority to ensure each member of staff had training the provider considered mandatory. Additional specialist training had been provided in areas such as nutrition. Staff we spoke with told us there had been a considerable improvement to the training available. One member of staff said, "We have done so much training recently. It has all been good and I have enjoyed it. I have been in care years, but it is always good to have a refresher. The manager is working hard to try and improve things here."

Staff records showed that competency assessments had also been introduced for areas such as health and safety, moving and handling and administering of medication although these had not been completed for all staff. The manager told us a plan was in place to ensure all staff had their competencies assessed. The providers policy stated that staff were to be provided with six supervisions per year. However, records we looked at demonstrated that this had not been put into practice. We looked at four supervision records. One member of staff last received a supervision in September 2017 and no further supervisions had taken place. Another member of staff had only one supervisions recorded for 2018. However, the manager was able to provide a supervisions matrix which showed that action was being taken to address the supervisions shortfalls. The manager told us, "I am aware that supervisions are still not where they need to be but I am working to address this." Annual appraisals for some staff had taken place and were recorded. A plan was in place to ensure all appraisals would be completed in 2018.

We recommend the service seek advice and guidance from a reputable source about appropriate support for staff.

Although regular supervisions had not taken place, staff told us they felt supported by management. One member of staff said, "There has been a lot going on over the past six months which has been difficult for us all. The manager has been supportive, and I have regular discussions with the manager and as a team. The provider is here regularly too."

At the last inspection we found the provider was in breach of Regulation 13 Safeguarding service users from abuse and improper treatment. This was because Deprivation of Liberty Safeguards (DoLS) had not been submitted to the local authority when required.

At this inspection we found some improvements had been made to evidence the requirements of this regulation were being met, however, further improvements were needed.

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 Act 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 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. Records showed that applications to deprive a person of their liberty had been submitted to the local authority as required. However, we found when DoLS renewals were required, these had not always been submitted in a timely manner which had resulted in people being unlawfully deprived of their liberty for a short period of time. We discussed this with the manager who assured us they had taken action to minimise the risk of this occurring and now had a tracker in place that would allow them to monitor more closely when renewals were due. We found when DoLS had been granted, statutory notifications had not been submitted to CQC. We have addressed these concerns in more detail in the well-led domain.

The service had recently been supported by the local authority to make required improvements to the service. One element of this included the recording of best interest decision making where people lacked capacity to give consent. Where people lacked capacity to make decisions, we found appropriate records had been completed. However, it was not recorded that relevant professionals had always been involved in such discussions. We discussed this with the manager who told us that improvements in this area were ongoing. They confirmed that professionals had been involved in discussions but records in relation to this required improving and this was to be addressed. MCA training was planned for all staff to ensure they had up to date knowledge. The manager also planned to attend a training course, specifically designed for managers, to improve their knowledge in the coming months. They acted following the inspection to address the shortfalls we found.

We recommend the service considers current guidance in relation to the Mental Capacity Act 2005 and best interest decisions and act to update their practice accordingly.

It was clear that improvements had been made to the environment with regards to dementia friendly signage. Signage was displayed on toilets, lounge areas and bedroom doors for example to aid people with orientation. Although the layout of the service was not specifically designed for people with dementia, effort had been made to ensure the décor was 'dementia friendly', including new non-patterned carpets. The décor was dated in some areas of the service; however, redecoration had taken place in some areas although some areas still required work completing. We observed some walls that were scuffed and marked and would benefit from attention. Various bedding had been replaced since the last inspection, but it was evident that some worn bedding and towels were still in use.

On the first day of inspection, we looked at the kitchen area and food available. The fridge contained very little food and it was evident that meals available for breakfast would be limited. For example, there was no bacon or sausages if people chose to have a cooked breakfast. We looked at the breakfast menu and found

cereals, toast and other items such as fried eggs sandwiches were on offer. We discussed this with the manager who told us a food delivery was due. People appeared to be satisfied with the food on offer. A member of staff said, "We know people's like, what they prefer from breakfast etc., so we always make sure we have supplies available."

The chef was on annual leave at the time of our visit and cover was being provided by a senior member of staff. A list of people's dietary needs was available in the kitchen; however, this was not up to date. The choking risks for one person was not recorded and a person who had been admitted to the service in July 2018 was not included on the list despite this person requiring a fortified diet. The senior preparing meals on the day of inspection was not aware of the person's dietary requirements and told us, "[Name] doesn't have any special requirements and they eat well." Weights records showed, despite this lack of knowledge, the person remained of a healthy weight. Records also showed that other people's weights were monitored monthly and recommendations made by professionals, such as dieticians, had been followed.

We discussed this with the manager who took immediate action to ensure the dietary list in the kitchen was updated but assured us the regular chef was familiar with all people's requirements.

We observed the lunch time service and found this to be a pleasant experience for people. Staff were available to offer support where it was needed. People were shown pictures of the meal options on offer, and alternatives were available if required. Meal appeared appetising and were presented with a variety of vegetables. People spoke positively of the meals on offer. Comments included, "We are well fed. We get options which varies. Overall very good" and, "I have never really given much thought to the food, but I always eat it, so it must be ok."

The service had good relationships with other professionals who visited the service on a regular basis. Records clearly recorded when visits had taken place, the outcome and any action needed. People we spoke with told us they felt they always got support when they needed it. One person said, "They have phoned the doctor when I have been unwell. They looked after me." A relative we spoke with told us, "[Name] suffers with urine infections but staff are on the ball and stop the signs and get it sorted. [Name] had to go into hospital once when they were unwell, and staff went with them."

Is the service caring?

Our findings

At the last inspection we found the service was not always caring and awarded a rating of requires Improvement. At this inspection we found improvements had been made.

People and relatives told us staff were kind and caring in their approach. Comments included, "If you ask staff for anything they will get on to it straight away", "I am well cared for. Staff are very kind and caring" and "Staff show compassion and treat people as if they were their own relative."

At the last inspection we found shortfalls in the premises relating to the safety and risk and overall quality of the environment which compromised people's dignity. At this inspection we found the standards of housekeeping had improved. The provider had purchased a number of new duvets and pillows, and medical supplies, such as catheters, were now stored appropriately in cupboards. Observations showed that people's bedrooms were well kept, and personal items were stored appropriately.

The manager had introduced a 'dignity audit.' This audit required that management observed staffs' interactions with people to ensure people were provided with support which respected their privacy and dignity. It included observing personal care interventions, communication and general approach. Staff had also completed a self-assessment dignity audit which included a list of questions in relation to providing dignified support to people. These audits had only recently been introduced. The manager said, "The self-assessment audits are just to get staff continuously thinking about people's dignity and how this needs to be managed."

Observations throughout the inspection demonstrated that staff treated people with dignity and respect. Conversations in communal areas were discreet and respectful. For example, staff noticed that one person was struggling to eat their meal at lunch time. They approached the person and asked if they would like support. The person agreed, and a member of staff sat with the person prompting and encouraging them when needed. We did observe a member of staff in a communal area applying creams to a person's legs. They did not ask if the person wished to go to their bedroom to ensure they had privacy. The person appeared happy with the intervention and thanked the member of staff. We discussed this with the manager who told us they would address this with the member of staff involved.

It was clear that positive relationships had been developed between people and staff. Staff addressed people by their preferred names and were respectful of their wishes. For example, one person wished to remain in the lounge to eat their lunch. Staff acknowledged this request and their meal was brought to them in the lounge, on a tray with appropriate condiments. Staff were seen to regularly engage with people and acknowledged them when moving around the building. General conversations took place throughout the day and staff were seen to stimulate conversation with people as they have a knowledge of things that were of interest to them. Staff showed general empathy and compassion when supporting people and they had a caring approach.

Staff were aware of people's communication needs and this was also recorded in people's care records. They

approached and spoke with people in a manner they could understand. Picture cards were used to allow people to make independent decisions in relation to meals and we observed choice being offered to people in a number of different areas, such as activities or refreshments.

People's independence was promoted by staff. Care plans recorded what assistance people needed and what areas they could manage themselves and staff were aware of the importance of offering choice. One person said, "Staff help me get to the toilet but then close the door as they know I can manage."

We saw picture cards being used at lunch time which people responded to but we found little evidence that people were provided with information in a format they could understand in other areas in accordance with the Accessible Information Standards. For example, one person had been assessed as having poor eyesight, but large print documents for example, were not used. We discussed this with the manager who informed us the person was able to express their wishes although lacked capacity in some areas. They went on to say staff discussed everything with the person, including their care plan to ensure they were provided with information. They stated that large print documents could be provided if they assessed it would be appropriate for the people they were supporting.

We recommend the service considers current guidance on accessible information and takes action to update their practice accordingly.

The manager had a good understanding of the role of advocacy services and the importance of making sure people's wishes and views were heard and were central in decisions made about their care and support. Advocates represent people and support them to communicate their view on matters that are important to them. The manager told us advocates had been used in the past, but they were not currently support anyone at the service.

Is the service responsive?

Our findings

At the last inspection we found the service was not always responsive and awarded a rating of requires improvement. At this inspection we found improvements had been made and we have awarded a rating of good.

Prior to this inspection we received information in relation to a number of safeguarding incidents that had occurred at the service. Professionals involved had raised concerns that pre-admission assessments were not being completed thoroughly enough and the service was admitting people whose needs they could not manage. This had resulted in a number of incidents between people who used the service and safeguarding alerts being raised.

The manager assured us that pre-admission assessments had been further adapted and were only carried out by staff who had the appropriate skills in this area. Records showed that pre-admission assessments had been completed and contained sufficient information.

Care plans had been further developed to ensure they contained the required level of information that was person-centred. For example, an emotional and psychological well-being care plan detailed when a person may become upset and vocal. The care plan went on to explain how this behaviour should be managed, such as 'invite the person into the music lounge and put on their favourite music.' Other care plans for areas such as personal care detailed what areas a person required support with and what areas they could manage independently. This level of information ensured staff had access to information to enable them to provide person centred care and support. Staff were knowledgeable of people and how best to support them.

Monitoring documentation had also been introduced and all staff had received record keeping training to ensure they understood the importance of maintaining complete and accurate records. Monitoring documentation was in place for areas such as re-positioning when people were at risk of skin damage and food and fluid intake monitoring when concerns had been raised regarding a person's weight. We found all these documents had been completed although improvements could be made. For example, food monitoring charts detailed what food had been provided but not how much had been eaten.

The service provided support to people at the end stages of their lives. Care plans were in the process of being introduced so they could ensure people's preferences were recorded and followed. The manager told us that they had input from relevant professionals when people approached the end of their life's. They went on to say, "Staff know people, their likes and dislikes so we are able to provide a person-centred service at the end stages of a person's life. Relatives are always involved in discussions." A person who used the service had recently passed away. Their relative told us, "Staff are just wonderful - kind, compassionate, caring. They looked after [Name] as though it was their own relative. They nurtured [Name's] needs. I certainly appreciate all the support staff gave me too."

A notice board within the service displayed a weekly activities planner. An activities coordinator was not

employed by the service but staff on duty took responsibility for this area. Activities on offer included, drawing, bingo, skittles, nail care and arts and crafts. Outside entertainers also visited the service which included singers and dog therapy. Daily care records evidenced activities that had been provided and if they had been enjoyed. One member of staff told us, "We have different things going on each day, but we are flexible. One day it might say skittles on the activity plan but if people don't want to play skittles we will do something else."

Staff were also available to provide one to one support to people. For example, one person did not wish to participate in the activities on offer. A member of staff supported them into the music room and played the music of their choice. The person sang along and appeared to enjoy it. Another person was seen entered the music room but appeared confused. They were approached by the provider who asked if they would like to look at animal books. They agreed and they sat together looking at books and discussing their pets. The provider left the room for a short period and then came back into the room with a soft toy cat which the person gratefully accepted and placed on their lap. Another person could access the community independently. We observed them informing staff when they were leaving the building which staff responded to by reminding the person what time their medication was due. The deputy manager said, "[Name] is quite capable of accessing the community alone and they have done for many years. They have a mobile with our contact details, so they can contact us at any time. They are not able to self-administer their medicines but they know what time they should be back for them, we politely remind them before they leave."

The provider had a complaints policy and procedure in place which provided guidance on how people could raise a complaint and the process that should be followed. There had been no complaints raised since the last inspection. People we spoke with knew how to raise a complaint and were confident issues would be addressed. Comments included, "I would speak to any of the staff" and "[Manager's name] is who I would speak to." A relative told us they had never had a reason to raise a complaint. They said, "I feel I could speak to any of the staff about anything. They are approachable."

Is the service well-led?

Our findings

At the last inspection we found the provider was in breach of Regulation 17 Good governance. This was because systems to effectively and safely operate the service were not in place. At this inspection, although we found some improvements had been made these were not sufficient to meet the requirement of Regulation 17.

We identified the shortfalls in the recruitment process at the last inspection. Following the inspection, the provider had submitted an action plan to state how they would ensure they would be compliant with regulation. At this inspection we found the provider had failed to implement and follow their action plan and unsafe recruitment practices were still in place and operated.

We found examples when risks to people had not been appropriately assessed and recorded, specifically in relation to choking and nutritional risk. The care plan audits in place had failed to recognise this. The provider had failed to ensure staff were provided with sufficient information to manage these risks safely and we found staffs knowledge was lacking in relation to people's nutritional requirements. Other care plan audits that had been conducted had been effective in identifying shortfalls. However, there was no clear indication that action had been taken to rectify these. For example, a care plan audit identified that consent to care had not been signed but there was no evidence that this action had been completed.

Although some staff supervisions had taken place, these were not consistent or in line with the providers supervisions policy.

We also found that information was not appropriately recorded in relation to best interest decisions and food monitoring charts had not been completed sufficient to enable staff to monitor people's nutritional intake. Audits in place and completed by management did not recognise this.

The local authority had also raised concerns prior to this inspection with regards to the services working relationships with other professionals. A person had been admitted to the service in July 2018. The manager had conducted a pre-admission assessment and felt they were able to meet the person's needs. However, the funding authority and relevant professionals had clearly stated the placement was not suitable and the admission was not authorised. Despite this, the manager arranged for the person to be admitted.

Since the last inspection, the manager and provider had introduced 38 monthly audits to monitor and improve the service. However, these had not always been dated and did not state action that was needed to address any shortfalls found or timescales for completion. For example, a window audit completed in August 2018 recorded that two windows within the service were 'painted shut and would not open.' A further audit completed in September 2018 recorded the same concerns which demonstrated that timely action has not been taken. Other audits had not always been completed consistently. For example, an environmental cleanliness audit had been conducted on 2 August 2018, but no further audits had been completed at the time of our inspection.

We discussed audits with the manager and the importance of understanding their purpose and effectiveness. The manager said, "We have introduced so many audits it can be hard to keep track. I think some of them could be streamlined but they are a work in progress."

At the last inspection, there was no evidence that the provider was monitoring the service, the performance of the manager or the quality of care provided. At this inspection, although staff told us the provider regularly visited the service and spent time with people, there was no recorded evidence of quality audits they completed. We discussed this with the provider and were present with notes which evidenced three visits that had taken place. The provider had recorded a 'walk round' of the service and issues they found, such as 'miss match bedding' and a room that needed re-painting. However, they confirmed to us that they did not check any records at the service and would not be aware if they lacked information.

Following our discussions, the provider agreed they would implement more robust audits to ensure they were fully aware of any issues, shortfalls and areas of improvement.

People, relatives and staff had been asked to complete satisfaction surveys in August 2018. Surveys completed by relatives and people contained positive comments. The information within the staff survey demonstrated that staff were not satisfied with certain aspects of their job role. However, the surveys had not been analysed and no action had been taken to address the concerns raised. We discussed this with the manager who was very much aware of the comments within surveys and agreed no action had been taken to address these.

Failure to establish and operate systems and processes effectively and failure to maintain accurate, complete and contemporaneous records in respect of each service user was a continued breach of Regulation 17 Good governance of the Health and Social Care Act (Regulated Activities) Regulation 2014).

When we last inspected the service the registered manager was on planned leave. They had since de-registered in April 2018 which meant there was no registered manager in post. The service was being managed by a person who was already registered with CQC for one of the provider's other locations. They planned to submit an application to register as manager for Norwood House. At the time of writing this report, an application had been received which was being processed.

The provider had not submitted statutory notifications when legally required. Notifications include information about events or incidents that occur, which affect a service or the people who use it. During the inspection, we identified three authorised deprivations of liberty and three deaths which had not been notified to CQC. It is important statutory notifications are submitted correctly to enable CQC to monitor the quality and safety of the service.

This was a breach of Regulation 16 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We are dealing with this matter further outside of the inspection process.

Night staff were now required to complete daily handovers to management to ensure the management team were fully aware of any concerns night staff had found. Each day the manager had signed the handover to evidence they had read the information.

Regular staff meetings had continued to take place and had been well attended by staff. The provider and manager had been open and transparent with staff following the last inspection and the improvements that

were required and this was evident in the staff meeting minutes.

People and relatives spoke positively of the management team. Comments included, "[Manager's name] is approachable and always here" and "I think they are doing a good job to make things better."

Staff shared the same views that the service was well managed. Comments included, "[Manager's name] is really supportive. It has been a difficult time, but we have all worked together to get through it and the home is better because of it" and "There has been a lot of changes but we have been kept informed as much as possible. We are a good team here now and the manager treats us well."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operate effective systems and processes to monitor and improve the service. Complete, accurate and contemporaneous records had not been kept in respect of each service user. 17(1) (2)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to implement and follow safe recruitment processes to ensure new staff were suitable for their role. 19(1)(a)(2)