

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Nortonbrook

6 Kingdom Lane, Norton Fitzwarren, Taunton,  
TA2 6QP

Date of Inspection: 23 November 2012

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December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Lifeways Community Care Limited
Registered Manager	Mr. Kevin Powell
Overview of the service	Nortonbrook is situated in a quiet residential area not far from the town of Taunton. The home can accommodate up to three people and it specialises in providing support to adults who have a learning disability. The home is staffed 24 hours a day.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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When we visited two people lived at the home. We met with both people and one person was able to engage in conversation with us and told us about their experiences of life at the home.

The staff we spoke with had a very good understanding about the needs and preferences of the people they supported. They were also very clear on how any identified risks to individuals should be managed.

Staff spoken with told us how people were supported to make decisions about their day to day lives.

Each person had a plan which described the care and support they required and how staff should provide it.

We spoke with the manager and the two members of staff on duty. All had a very good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This meant that staff knew about the arrangements for protecting people's human rights.

We observed that staff were competent and professional in their interactions with people who lived at the home. Staff demonstrated great patience when they supported people and they were skilled in understanding and responding to an individual who had difficulties in communicating.

People who lived at the home were supported by staff who knew them well.

There were systems in place which monitored and improved the quality of the service provided.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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When we visited two people lived at the home. We met with both people and one person was able to engage in conversation with us and told us about their experiences of life at the home. We saw how staff interacted with people and we spoke with staff to find out about the experiences of people who lived at the home.

The staff we spoke with had a very good understanding about the needs and preferences of the people they supported. They were also very clear on how any identified risks to individuals should be managed. This demonstrated that staff knew people well.

We saw that both people responded positively to interactions from the staff who supported them. One person said "I like the staff. I like my key worker very much." Staff communicated with people in a friendly and respectful manner. We saw that staff knocked on a bedroom door and waited to be invited in.

People who lived at the home had complex needs and one had limited verbal communication. We saw that staff recognised and responded to changes in the individual's behaviours which indicated that they may be unhappy or anxious. This showed that staff knew people well.

Staff spoken with told us how people were supported to make decisions about their day to day lives. The home used photographs for one individual who was unable to express their wishes verbally. This enabled them to choose what they would like to do and what they would like to eat.

The home helped one person to keep a diary of all significant and forthcoming events. This meant that they would be aware of what was happening on a particular day. Staff told us that this helped to reduce anxiety for the individual.

Each person was allocated a key worker. We saw that they met with one individual each

week to discuss activities, routines and meals. Detailed records of these meetings were maintained. These showed that the individual had been supported to make choices about all aspects of their daily lives.

One person told us that they were "very happy" living at Nortonbrook. They also confirmed that they were supported to make choices. They said "I come to my room when I like" and "I like horse riding. They take me horse riding every week." When asked, they confirmed that they were never made to do anything that they did not want to do.

We looked at support plans. These were personalised to the individuals and gave details about their preferences as well as their physical and mental health needs. We saw that people who lived at the home or their representative had been involved in the regular review of their care needs. This meant that people received care and support in line with their needs and wishes.

Staff spoken with told us that routines in the home were very much determined by the people they supported. They told us that people were able to choose what time they went to bed, got up in the morning and how and where they spent their day. We saw that staff responded to an impromptu request by one person who had asked to go for a drive.

Throughout our visit we observed people moved freely around the home and they were able to access their bedrooms when they wished. We observed staff support people to access the kitchen to choose drinks. Staff spoken with told us that people were supported to develop or maintain daily living skills. One person told us that they enjoyed helping with the weekly shopping and recycling.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Each person had a plan which described the care and support they required and how staff should provide it. Plans also included who the important people in their life were, how people communicated, daily routines, preferences and how they made decisions.

Daily records written by staff provided clear information about the well being of each person and detailed their progress against the agreed goals within their support plan. This meant that the staff who supported people could provide personalised care to each individual.

Information about people's health needs and contact with health and social care professionals had been recorded. We were informed that the service received "excellent support" from health care professionals and there were never any problems obtaining their input for people when required. This meant that people's health care needs had been monitored and appropriately responded to.

Risk assessments had been completed and we saw care plans had been developed to manage any concerns or risks which had been identified. This meant people could be appropriately supported to take informed risks.

We observed that staff responded quickly to any requests for assistance. They were skilled in recognising and responding to people's needs where the individuals were unable to communicate their needs verbally.

Care records contained information about people's interests and hobbies. Each person had an activity programme that was personalised to them. We saw that one person had been able to express their choice of activity by using photographs.

Staff supported people to maintain contact with their family. People who lived at the home were able to have home visits with staff support.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We spoke with the manager and the two members of staff on duty. All had a very good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They were very clear about how and when to involve other professionals so that any decisions would be made in the best interests of the people they supported. This meant that staff knew about the arrangements for protecting people's human rights.

Nobody at the home had been subject to Deprivation of Liberty Safeguards. We were however able to see that the home had followed appropriate procedures for an individual who previously used the service and required certain restrictions to keep them safe.

We saw that the home had consulted with appropriate professionals and relatives when one person required certain interventions to manage their behaviours. Detailed information was available in the individual's care and support plan. This showed that the home knew how to ensure that any decisions had been fully considered and agreed in the best interests of the individual.

The home had policies and procedures for recognising and reporting abuse and whistle blowing for staff. All staff spoken with were aware of issues of abuse and knew how to report any worries or concerns. All said they felt confident that any reports would be fully investigated to ensure that people were protected.

Staff confirmed that they received regular training in the management of challenging behaviour. We saw that behaviour support plans had been developed and agreed for individuals who may exhibit challenging behaviour. Risk assessments had also been developed. These provided clear information for staff on the agreed level of intervention or restraint. This meant that risks to people would be minimised.

We noted that people who lived at the home looked comfortable in the company of the staff and the people they lived with. Staff interactions were noted to be kind and respectful.

Systems were in place which ensured that people's finances were appropriately managed. The home supported people to manage small amounts of money. We saw that a record of all transactions had been made and receipts were available. Balances and transactions

had been checked by two staff and audited on a daily basis.

Visitors were only able to access the home when they were let in by staff and all visitors were required to sign a visitor's book when they arrived and left the home. This helped to provide a safe environment for people who used the service.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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We observed that staff were competent and professional in their interactions with people who lived at the home.

Staff demonstrated great patience when they supported people and they were skilled in understanding and responding to an individual who had difficulties in communicating.

The manager and staff spoken with told us that the home benefited from a stable staff team with little staff turnover. We were informed that the home did not use agency staff. This meant that people were supported by staff who knew them well.

The males who used the service were supported by male staff. Two staff were on duty throughout the day. This meant that people benefited from one to one staffing. Staff spoken with told us that this enabled them to spend quality time with each person and ensured that people received the individualised support that they needed.

The home had an on-call system in place which meant that support and advice was available to staff at the home over a 24 hour period.

Staff spoken with were positive about the support and training they received. Comments included "I really enjoy working here and the support is excellent" and "the training is good and we get everything we need."

We saw that a training matrix had been developed which meant that staff received up to date training and refresher courses when required. Staff had received training in more specialised topics such as the care of people with epilepsy, autism and challenging behaviours. This meant that staff had the skills and training to meet the needs of people who lived at the home.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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There were systems in place which monitored and improved the quality of the service provided.

Weekly internal audits had been carried out which monitored the on-going health and safety of people. These included checks on the home's fire alarm systems and hot water temperatures.

People's care and support plans and risk assessments had been regularly reviewed. This meant that people received appropriate care which met their assessed needs and preferences.

Monthly audits had been completed by the manager. These included 'themed' audits which covered the outcomes set out in the Commission's Essential Standards of Quality and Safety. Results of a recent audit had been positive and we saw that shortfalls identified had been addressed.

Details of incidents which involved people who lived at the home had been recorded and monitored. We saw that the home had informed the individuals care managers and relatives of all untoward incidents. Review meetings had been held where appropriate. This meant that where required, changes could be implemented in a timely manner.

Staff told us that they had regular staff meetings where a range of topics were discussed. We looked at the minutes of the last meeting. These demonstrated that the views of staff about the running of the home were encouraged and responded to.

We were informed that the provider sent questionnaires to people who used the service and their representatives once a year to seek their views on the quality of the service provided. Results of the recent survey were not available for this inspection. The manager informed us that they had received very positive comments from relatives. They told us that they were in regular contact with relatives and that no concerns had been raised.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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