

Whitelodge Alveley Limited

Norton Grange Nursing & Residential Care Home

Inspection report

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West Midlands
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Norton Grange is a care home and is registered to provide personal and nursing care for up to 29 people. The service provides support to older people and to people with a range of needs including physical disabilities, learning disabilities and sensory impairments. At the time of our inspection visit there were 28 people living at the home. Some of those people lived with dementia.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The model of care and settings maximised people's choice and independence. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were recruited safely and there were sufficient staff to provide people's planned care and support.

Right Care:

People received personalised care from staff who knew them well and ensured their rights and dignity were promoted and protected. Staff understood their responsibilities to keep people safe and protect from harm. Risks associated with people's care were well managed.

Right Culture:

The registered manager promoted a positive culture where support and care of people was the highest priority. The staff team worked in partnership with other professionals to achieve good outcomes for people. Staff felt valued and supported by the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was good, published on (12 February 2019).

Why we inspected

This was a planned inspection to provide a rating for the service following the change in provider.

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 Norton Grange on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Norton Grange Nursing & Residential 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 2014.

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 team consisted of 2 inspectors, a specialist advisor and an Expert by Experience. Our specialist advisor was a registered nurse who had expertise in supporting older people and people living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Norton Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Norton Grange 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

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 reviewed information we had received about the service since they registered with CQC and sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 1 relative about their experience of the care provided. We spoke with 10 members of staff including the registered manager, nurses, activity worker, administrator, cook and care staff. We carried out general observations of the way people were supported.

We reviewed a range of records, including 6 people's care records. We looked at 4 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person told us, "I always feel safe, the staff are very good and are friendly." Another person said, "I feel safe here and the staff are nice."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the registered manager. One staff member told us, "I would have no hesitation raising a concern and know the manager would act on it immediately."
- The registered manager understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us staff supported them safely and their care needs were met. One person told us, "The staff are good and very well trained." Another person said, "Staff are very good at supporting me, no delays at all."
- People's care and support needs were assessed before moving into the home to ensure these could be met safely.
- Risks associated with people's care were assessed and well managed. Risk assessments were in place to inform staff how to provide safe care and were regularly reviewed.
- We observed staff supporting people safely when moving around the home. For example, staff walked alongside [Person] as they used their walking frame, this was not rushed and staff offered lots of encouragement, reminding them where they were going and why.
- Staff recorded incidents and accidents, and these were reviewed by the registered manager and action taken to prevent reoccurrence. Any lessons learnt were discussed in team meetings.

Staffing and recruitment

- People told us enough staff were on duty to meet their needs. One person said, "There's always staff around who are quick to help me when I press my call bell."
- Staff were available when people needed them during our visit and people's requests for assistance were responded to promptly.
- Staff were recruited safely. The provider sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed from trained staff whose competencies were regularly

checked. One person said, "I'm diabetic and get my insulin every morning on time."

- Clear guidance was in place which informed staff when 'as required' and time specific medicines needed to be given.
- People's medicines were ordered, stored and disposed of safely in line with best practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on people visiting the home at the time of the inspection.

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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People had confidence in the ability of staff to provide effective care. One person said, "The staff are excellent."
- People's needs were assessed before they moved into the home. This information was used to develop care plans and risk assessments. Staff told us, "This information helps me understand the person's needs and how they want to be supported."
- Staff spoken with demonstrated a good understanding of people's needs and knew how to provide effective care.
- New staff received an induction and worked alongside an experienced staff member to get to know people and understand their care needs.
- We saw staff put their training into practice. During our visit 2 staff confidently, supported a person to transfer safely from their wheelchair to a chair, using the correct techniques.

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

- People told us they enjoyed the food and dietary needs were met. One person told us, "The food is very good and there's lots of choice." Another person said, "I have toast for breakfast, I prefer that."
- We observed people being shown lunch options and staff clearly knew people well and their preferences were catered for. The atmosphere was relaxed, and staff were available to support people as needed. One person told us, "The dinner was nice, I had seconds of dessert."
- Some people were at risk of choking. Those people were provided with a range of modified textured food and drinks in line with the specialist advice.
- A variety of drinks and snacks were freely available throughout the day to people. We observed people's requests being phoned through to the kitchen to be freshly prepared for them.

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

- People confirmed they had access to healthcare professionals when needed. One person told us, "Staff got me to hospital when I was bleeding. I was admitted and the nurse here spoke to me and answered my questions when I got home."
- Staff worked in partnership with other healthcare professionals such as GP's, dieticians and district nurses. This supported people's health and wellbeing.
- Staff monitored people's health and wellbeing. One member of staff told us, "[Person] was experiencing

many problems with their catheter, we are working closely with the GP to manage their symptoms while waiting for an appointment with urology."

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

- People had personalised their bedrooms with photographs and personal possessions.
- The environment met people's needs, bedroom doors were painted in their favourite colour and a range of nicely decorated communal areas including a courtyard were available for people to enjoy.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People confirmed staff sought their consent before providing any care and support. We observed staff doing this throughout our visit.
- The registered manager had a system in place for making sure DoLS were well managed. An overview of the system was up to date and included details of any conditions applied to the DoLS.
- Staff have received MCA training and demonstrated an understanding of the principles. One staff member told us, "I always ask first we can't assume anything it's their right to choose and I need to respect that."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us staff were caring. One person said, "I like the staff they are caring and very kind." Another person said, "The staff very good at supporting me, always gentle and don't hurt me."
- We found staff to be kind, respectful and patient. We observed staff respecting people's privacy by knocking on bedrooms doors and discreetly offering support when in a communal area.
- Staff spoke with care and compassion about the people they supported. During our visit we observed staff interacting positively with people, who clearly enjoyed spending time with them.
- Staff promoted people's independence. At lunchtime staff offered encouragement and adapted cutlery which helped people to eat their meal with ease.
- The staff team demonstrated a shared commitment to providing good care. One staff member said, "My goal is to make a positive impact on people's lives. It's important they are happy and content here."
- People's personal information was managed securely in line with data protection law.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make daily choices. For example, people chose their clothing and what activities they wished to do.
- Care records evidenced where possible people had been involved in the development and review of their care plans.

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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised and responsive care. One person told us, "I'm very happy here, they look after me well." A relative said, "Staff have been so welcoming, wanting to know all about [Person] so they can get to know them and meet their needs. The manager has involved us in decisions about their care, it's lovely here, so homely."
- Care records contained detailed information to help staff meet people's needs including their life histories and things that were important to them. Staff told us if people's needs changed, they would discuss this with the nurses. This meant the care plan could be reviewed and kept up to date.
- Care plans were personalised, detailed and reviewed regularly.

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 (AIS). 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.

- Staff knew the best way to communicate with people and the support required. One staff member told us, "[Person] is hard of hearing, so we use picture cards to support our communication with them. Also, when I encourage them to join in an activity a quieter room is better for them."
- The registered manager demonstrated a good understanding of the AIS. Information was available in the appropriate format for each person, such as large print and available in different languages as needed.

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

- People were happy with the social activities available. One person told us, "I enjoy a game of dominoes with [Staff], she's very nice." Another person said, "I do bowls every Friday [Staff] takes me, she's a princess."
- The activity coordinator explained they planned activities in line with people's preferences. Activities included trips out for lunch, sensory activities, audio books and themed tea parties.
- Staff told us they had time to sit and talk with people and to offer activities based on the person's interests.

Improving care quality in response to complaints or concerns

- People knew how to complain. One person said, "I haven't complained but I would speak to the manager if I had any."

- Where people or their relatives had made complaints, these had been recorded and responded to promptly by the registered manager, in line with the provider's policy.
- The registered manager said, "If we get a complaint, we reflect on it as a team to see if we could have done things differently and learn from it so it doesn't happen again."

End of life care and support

- People's end of life wishes had been recorded in their care records if they had chosen to share the information.
- Staff told us they worked in partnership with health professionals to ensure people were well cared for at the end of their lives.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and relatives spoke positively about staff. One person said, "The manager is lovely." A relative told us, "Staff have been very nice to us all."
- Managerial oversight of the service was good, and a range of quality audits and checks took place to monitor the service and drive forward improvements. For example, checks on care records, staff competencies and equipment.
- The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- Staff understood what the provider expected of them and they demonstrated a commitment to providing good care. One staff member told us, "It's such a friendly, caring team and everything is about the residents. As a nurse I have the time to do what is required at the appropriate pace for each person."
- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings. One staff member told us, "I really enjoy working here the manager is supportive and very approachable."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were happy with the service provided. One person said, "I'm quite happy, staff do ask me how things are going and if I need or want anything." A relative told us, "We are very happy with the care so far. I feel able to speak to the staff they are all very approachable."
- People and relatives were encouraged to provide feedback during 'informal chats' with the registered manager and annual questionnaires were sent out to relatives to gather further feedback on the service.
- Staff gave positive feedback regarding the open, honest and supportive culture of the service. One staff member said, "I'm very happy, morale is good everyone is supportive, and we work well together." Another staff member told us, "I feel valued and supported by the manager."
- The providers' policies and procedures prompted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010.

Working in partnership with others; 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

- Staff liaised with a range of health and social care professionals involved in people's care to support their

physical health and wellbeing as seen in the records we viewed.

- The registered manager understood the need to be open and honest when things went wrong in line with the responsibilities under the duty of candour.