

Heera Care Ltd

# Norwood House

## Inspection report

15a Station Road  
Gunness  
Scunthorpe  
DN15 8SU

Tel: 01724784333

Website: [www.norwoodresidential.co.uk/](http://www.norwoodresidential.co.uk/)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Norwood House is a residential care home providing personal care to up to 28 people in 1 adapted building. The service provides support to younger and older people, some of whom are living with dementia. At the time of our inspection there were 24 people using the service.

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

Systems were in place to record, store and receive medicines. However, medicine practices were not always in line with best practice guidelines.

Information about risks and safety was not always comprehensive or up to date. Full information about risks to people's safety was not always recorded.

Quality monitoring systems were in place which helped to check various areas of the home. However, some required improvements, in relation to monitoring records, were identified.

People were supported to have access to healthcare services to monitor and maintain their health and wellbeing. People were encouraged to maintain a healthy diet. Where people had specific dietary requirements, these were catered for.

People had support from safely recruited staff. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. The service had enough staff to keep people safe. We observed staff respecting people's privacy and dignity when providing care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was clean and tidy and additional cleaning processes had been implemented to prevent the risk of spread of infection.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 15 June 2022).

### Why we inspected

The inspection was prompted in part due to concerns received about governance, medicine management, staffing and risk management. A decision was made for us to inspect and examine those risks. As a result, we

undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norwood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation in relation to good governance systems, medicine management and recording systems to help inform decisions about people's care needs.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Norwood House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 2 inspectors.

#### Service and service type

Norwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Norwood House is a care home without 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 3 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, senior care staff, care staff, domestic staff, cook and the maintenance team. We also spoke with 1 professional who regularly visits the service.

We reviewed a range of records. This included 5 people's care records and numerous medication administration records. We inspected 3 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

Following the inspection, we received feedback from a further 6 staff members.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Not all risks for people were identified and recorded in relation to their care and support needs to ensure their safety and wellbeing.
- A person's care plan identified them as requiring support to change their position in bed to reduce the risk of pressure areas developing. We found gaps in re-positioning records completed by staff. This presented a risk that the person had not received the support they needed in terms of frequency of re-positioning to reduce known pressure area risks. The provider gave assurances this would be addressed immediately.
- Staff recorded all incidents. However, there was minimal evidence to support learning lessons from accidents or incidents which had occurred at the service.

We recommend the provider reviews their systems and processes to ensure up to date records are available and lessons learnt explored.

- Regular checks of the environment were completed to make sure it was safe. For example, a competent person checked the fire panel, fire exits and security. There was an ongoing programme of servicing, repairs, and maintenance.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- The provider had policies and procedures in place for the management of medicines. These included the management of medicines errors and the safe disposal of medicines. These policies included forms for

recording and reporting medicines incidents and medicines disposed of and/or returned to the dispensing pharmacy. However, there were no clear records available of medicines disposed of and returned.

- Where people had medicines prescribed 'as required', there were protocols in place to give staff guidance to administer this type of medicine.

We recommend the provider consider current guidance on recording the return and disposal of medicines and take action to update their practice accordingly.

- Staff received medicine management training and checks on their competency to administer people's medicines were completed.
- Medication Administration Records (MAR) matched the correct quantities of medicines and medicines were stored safely in line with manufacturer guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures to safeguard people from abuse.
- Referrals were sent to the local authority safeguarding team when required and outcomes followed up.
- Staff were trained to safeguard adults from abuse. They understood their responsibility to identify and report safeguarding concerns to the local authority, police or CQC if needed.

Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with vulnerable people were employed.
- The registered manager monitored and made sure sufficient staff were deployed to safely support people. Staffing levels changed based on the number and needs of the people using the service. One person said, "They [staff] come when I need them."

Preventing and controlling infection

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

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to receive visitors in line with current government guidance and we saw people's relatives visiting on the day of inspection.

# 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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Records did not always evidence important information about people using the service. For example, food, fluid and repositioning charts did not always evidence requirements as identified in individual's care plans.

We recommend the provider develops a system to ensure records are reflective of people's needs and care provided.

- Where improvements to the service had been identified through quality auditing, action was not always recorded. For example, action plans were not always revisited to evidence the status of the action.

We recommend the provider reviews their systems and process for capturing and recording actions identified through quality audit monitoring.

- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and infection control.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. We had received notifications relating to significant events that occurred in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems in place to evidence feedback from people, relatives and staff.
- People were generally happy with the support they received. One person told us, "They [staff] do a good job."
- Norwood House was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. A relative told us, "I have nothing but praise from them, its lovely, bright and clean."
- Morale within the service was good and the culture was open and relaxed. We observed interactions between people and staff that were positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- There was an effective complaints process, where complaints were recorded and actioned in line with the provider's policy.
- Staff told us they felt listened to and that the manager was approachable. A staff member said, "I talk freely and [Registered Manager] responds well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings. One staff member said, "I feel confident in voicing my opinion and most of the time I am listened to, [Registered Manager] is good with accepting something as a good idea."
- Systems were in place to capture people's views and feedback. People told us "I am very happy here; we just need a bit more to do."

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- Staff worked with local services to make sure people had access in a timely way. This included community nurses and GP surgeries.