

Mr & Mrs K F Edwards and Miss S H Edwards

# Normanton Retirement Home

## Inspection report

168 Ellesmere Road  
Shrewsbury  
Shropshire  
SY1 2RJ

Tel: 01743271414

Date of inspection visit:  
17 February 2020

Date of publication:  
12 March 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Normanton Retirement Home provides accommodation and personal care for up to 29 people. On the day of our inspection 28 people were receiving services, some of whom were living with dementia.

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

People were not always safe as the systems and procedures at Normanton Retirement Home were ineffective in identifying improvements needed in safety.

People were not safe from infectious illnesses as the infection prevention and control measures at Normanton Retirement Home were not effective.

The provider's quality monitoring procedures were ineffective in identifying the improvements which were needed to drive good care and support.

People received their medicines safely. Staff members had been trained and assessed as competent before supporting people with their medicines. Staff members were aware of the necessary action they should take in the event of an emergency.

People were protected from harm and abuse as the staff team had been trained to recognise potential signs of abuse. People had information on how to raise concerns and were confident any issues would be addressed correctly.

People had access to additional healthcare services when required.

People were supported to maintain a healthy diet by a staff team which knew their individual likes and dislikes.

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.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender, disability and religion.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

### Rating at last inspection

The last rating for this service was 'Good', (published 03 October 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. Please see the Safe and Well-led sections of this full report.

### Enforcement:

We have identified breaches in relation to the premises and how the location was managed.

You can see what action we have asked the provider to take at the end of this full report.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Normanton Retirement 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 Care Act 2014.

#### Inspection team

One inspector and one assistant inspector carried out this inspection.

#### Service and service type

Normanton Retirement Home 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.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided, three relatives and one visitor. 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. In addition, we spoke with six members of staff including care staff members, the registered manager, catering and administration staff.

We reviewed a range of records. This included two people's care records including the records of medicine administration. We confirmed the safe recruitment of staff and looked at a variety of records relating to the management of the service, including any quality monitoring checks.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- People did not always receive safe care and support as the physical environment was not appropriately maintained. For example, we saw a designated fire exit was blocked by a flower display and a garden bench, another fire door was wedged open and a third was blocked by an arm chair. These put people at risk in the event of an emergency. A stair gate was incorrectly fitted and not fit for purpose as it was too low which put people at risk of toppling over and causing injury. People had open access to hot water systems leading from the upstairs bathroom putting them at risk of scalds and burns. The hand grip in one bath was broken with rusted screws exposed putting people at risk of slips and injury from the screws. These issues put people at risk of harm.

### Preventing and controlling infection

- The infection prevention and control processes at Normanton Retirement Home were ineffective. For example, we saw rusted fixtures and fitting rusted in the communal shower room, over chair tables were engrained with an unidentifiable substance and showed signs of fluid egress, radiators were extensively soiled, pull cords were discoloured and stained, one sink showed significant signs of a mould like substance and the surfaces of hand rails throughout the building were compromised. These issues prevented effective cleaning and put people at risk of contracting communicable illnesses.
- The registered manager could not evidence they had completed a legionella risk assessment. Consequently, they failed to complete any preventative measures to minimise the risk of legionella disease. Legionnaires' disease is a potentially fatal type of pneumonia.

These issues were a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager at the time of our inspection site visit. Following this they provided us with an update on the action they had taken. This included the clearance of any fire exit obstructions, removal of mould from the toilet area, the disposal of an over chair table and a plan of action to address the other concerns we raised.

### Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt protected and free from abuse at Normanton Retirement Home. One person told us they felt very safe as the staff were trained to support them. People were protected from

the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.

- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

#### Using medicines safely

- People received safe support with their medicines. One person told us they preferred staff to support them with their medicines and they received them as prescribed. However, we did see a box containing prescribed creams had been left in a communal toilet where people had access to them. The registered manager told us a visiting healthcare professional kept them there. The registered manager removed these items and then appropriately stored them.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period. Staff members were aware of these guidelines.
- Any medicated topical creams were administered when prescribed and recorded as needed.
- The provider had systems in place for investigating any perceived medicine errors. Staff members told us they received training in the safe administration of medicines and were assessed as competent.

#### Learning lessons when things go wrong

- The management team analysed incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people. This included the analysis of incident, accident and near miss occurrences.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

#### Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested. The provider followed safe recruitment processes when employing new staff members.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been assessed in line with best practice.
- Staff members could tell us about people's individual needs and wishes and knew how to support them in a way they preferred.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, nurses and dentists. When it was needed people were referred promptly for assessment. We saw one person had declined a specific intervention for a medical condition. However, the registered manager supported and encouraged them to have regular check-ups to maintain good health.

Staff working with other agencies to provide consistent, effective, timely care

- The care team had effective systems in place to provide effective and timely care to people. We saw records where outcomes of healthcare professionals' visits had been recorded to provide continuous and effective care.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had received appropriate training and who felt supported by the management team. Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.

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

- People told us they had a choice of meals. We saw people making decisions about what they wanted to eat, when and where. People were supported by staff to identify healthy eating choices. When people

required support with their eating we saw this was provided at a pace which respected their individual needs.

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

- We saw people confidently moving around Normanton Retirement Home. Signage was kept to a minimum whilst still supporting a homely environment.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure any expired applications were re-submitted to ensure people's rights were maintained.
- 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.
- People told us, and we saw, they were asked for their permission before staff members supported them.

# 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 the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same 'Good.'

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported by a kind and respectful care team. One relative said, "This is such a lovely place. Everyone is treated as a separate person and treated well."
- Throughout this inspection we saw positive interactions between people and staff. Staff members had the time to sit and talk with people. If a staff member identified someone was becoming confused or anxious they intervened quickly and in a way that valued the person. This helped to ease any anxieties people may have felt.
- People were supported to retain their independence. We saw one person start to struggle with their meal. Rather than take over the staff member spoke with and reassured this person. They then suggested how they could manage better. We later saw this person eating without support indicating to us their independence was positively supported.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were supported by staff members they, and visitors, described as, "Lovely", "First rate," and "Kind." One visitor said, "They (staff) are just like an extended family. I know I can trust them, and I am always greeted with a cup of tea."

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

- People told us they were supported to make decisions about their care and support.
- Throughout this inspection we saw people were asked how they wished to be supported and what they wanted to do. People were supported by staff members to be fully involved in decisions about their care and support.
- People told us they were involved in the development of their support plans.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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, and if needed, those close to them, were involved in the development and review of their care and support plans. These plans included people's personal preferences, things that mattered to them, what they liked and what they didn't like. People were encouraged to complete a history of their lives so far and this was recorded for staff to know more about the person they supported. One staff member said, "This is so we can chat about things we know they like and what matters to them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format that they could understand. For example, we saw one person struggled to read a letter. A staff member read it out for them.

Supporting people to develop and maintain relationships to avoid social isolation

- People were involved in activities they enjoyed and found stimulating. At this inspection we saw people spending time socialising, reading newspapers and playing bingo.
- People were supported to follow their faiths and regular faith services were arranged for people to attend if they wished.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them.

End of life care and support

- People were supported at the end of their lives and the management team worked with people, families and other healthcare professionals to meet their needs. As part of their care and support planning, people were supported to identify what mattered to them at this time. When people had expressed advanced wishes for their care this was recorded and promoted by the management team.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Continuous learning and improving care

- The provider had ineffective systems in place to monitor the quality of the service they provided. Their systems failed to identify the issues we had found at this inspection. For example, we asked to look at the latest quality check for infection prevention and control. The last check had been completed by an external professional in 2012. The management team had ineffective systems in place to ensure the environment was clean and pieces of equipment was suitable and safe for people to use.
- The management team had not completed a risk assessment for legionella or any subsequent preventative checks. The provider failed to evidence regular checks of the hot water systems had been completed to ensure water was at a safe temperature. They failed to confirm the suitability of stair gates or if they were fit for purpose.
- Despite being informed by Fire and Rescue Services in 2018, about the potential ineffectiveness of certain fire door retainers, the provider had failed to identify suitable alternatives and instead had wedged open fire doors. The provider had also failed to update their fire risk assessment with their decisions to wedge open the doors during the day. Additionally, they failed to identify or correct the blocked fire exit from one part of the building. The management team did not complete regular checks on the environment or cleanliness of Normanton Retirement Home.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager at the time of our inspection site visit. Following this they provided us with an update on the action they had taken. This included commissioning a specialist legionella risk assessment, sourced purpose-built stair gates and they were introducing a quality control system which will incorporate the issues we found. However, we have not been able to independently verify these changes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A manager was in post and present throughout this inspection.
- The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

- We saw the last rated inspection was displayed in accordance with the law at Normanton Retirement Home and on the provider's website.

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

- People told us they had a positive relationship with the management team who they found to be supportive. Staff members we spoke with told us they found the management team helpful and approachable.

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

- We saw the management team, and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.
- Staff members told us the management team were open and transparent when things needed to be improved or changed as a result of any specific incident or near miss.

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

- People were involved in decisions about their care and support and were asked for their opinion. One person told us they were encouraged to bring in their own furniture from home. They felt this was important to them and helped them feel more "At home."
- Staff members told us they found the management team approachable and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices, district nurse teams, dentists and foot health professionals.

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 15 HSCA RA Regulations 2014 Premises and equipment  The premises where care and treatment was delivered was not always clean and not all pieces of equipment were suitable for their use.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers quality checks were not effective in identifying and driving good care.