

## Norbury Hall Residential Care Home Limited

# Norbury Hall

### Inspection report

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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

Norbury Hall is a residential home for up to 81 older people, many of whom were living with dementia. At the time of the inspection 75 people were receiving personal and nursing care.

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

The registered manager was experienced and understood their role and responsibilities well overall, as did staff. The registered manager engaged well with people using the service, relatives and staff and staff felt well supported by them. The registered manager notified CQC of significant events, such as allegations of abuse, as required by law and understood their legal responsibility to be open and honest with people when something goes wrong.

Risks relating to people's care were well managed, although risks relating to pressure ulcers for one person could be improved as their pressure mattress was not always at the correct settings. There were enough staff to support people safely and the provider had invested significantly to improve staffing numbers since our last inspection. Recruitment was robust and ongoing. Staff received training in infection control, including the safe use of personal protective equipment (PPE), to reduce the risk of COVID-19 transmission. People received the right support in relation to their medicines and the registered manager oversaw this. The premises were maintained safely with regular checks.

Staff received the training and support they needed to understand and meet people's needs with specialist training available. People were supported to maintain their health and to attend appointments with professionals involved in their care. People received food and drink of their choice, meeting their dietary and cultural needs and preferences, with snacks available outside of mealtimes. 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 liked the staff who supported them and were comfortable in their presence and staff knew people well. People were encouraged to be involved in their care as much as they liked. Staff treated people with dignity and respect and protected people's confidential information. Staff received training in equality and diversity and understood people's differences. People's care plans were based on their individual needs and preferences and were kept up to date. The registered manager investigated and responded to any concerns or complaints in line with their policy and people had confidence in how they would respond.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published August 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was

no longer in breach of regulations. At our last inspection we recommended that people's nutritional outcomes should be improved and also that food hygiene should be improved. At this inspection we found that the provider had acted on our recommendations and had made improvements.

#### Why we inspected

This inspection was prompted due to concerns raised by the London Ambulance Service (LAS) regarding restraint and to check improvements made since the last inspection. We found the issues raised by the LAS were no longer of concern and the service had improved since our last inspection.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 good.

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 ●

# Norbury Hall

## 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.

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

Our inspection was completed by one inspector, a specialist nurse advisor and an Expert by Experience. 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

Norbury Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. The inspection activity all took place on 10 May 2022.

#### What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any

statutory notifications received. We reviewed 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 six people using the service and five relatives. We carried out observations of interactions between people and staff. We spoke with the registered manager, deputy manager, three support workers, two activities officers. We also spoke with four health and social care professionals. We reviewed a range of records. These included care and staff records and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received feedback from the local authority who recently inspected the service.

# 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 requires improvement. The rating for this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found systems were not robust enough to effectively manage risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provide had made improvements and were no longer in breach.

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

- Risks relating to pressure ulcers were reduced as staff followed guidance from specialist nurses who supported people and people did not have pressure ulcers at the time of our inspection. However, we found risks could be reduced further as one pressure relieving mattress was not at the right settings relating to body weight. Although this had not caused harm the registered manager told us they would improve this immediately.
- The registered manager identified and assessed other risks to people, such as those relating to mobility, dementia and eating and drinking and put clear guidance in place for staff to follow to reduce the risks. Staff understood how to help people manage risks.
- Staff recorded accidents and incidents and the registered manager reviewed what happened to reduce the risk of reoccurrence.
- The provider carried out checks of the premises and equipment. These included checks relating to the general environment, fire, electrical and gas. Water safety checks were in place and the provider had a Legionella risk assessment scheduled.

Using medicines safely

- People's medicines were managed safely and the registered manager assessed related risks. The registered manager checked medicines were managed safely through checks and audits.
- Staff received training in medicines administration and only competent staff administered medicines to people.
- We found stocks of medicines and medicines records were as expected which meant people received their medicines as prescribed.

Staffing and recruitment

- There were enough staff to support people safely and the provider had increased staffing numbers in line with people's needs. The provider had invested considerably in staffing by increasing numbers of activities officers, domestic staff and kitchen staff. The staff team included regular agency staff who worked exclusively at this service and recruitment was ongoing.
- Staff recruitment was robust as the provider checked staff were suitable to work with older people. They checked employment history and references, any criminal records and any relevant health conditions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and relatives agreed. People were comfortable with staff and approached them freely for support or to converse.
- The registered manager and staff understood their responsibilities in relation to safeguarding such as reporting any allegations to the local authority safeguarding team.
- Systems were in place to protect people from the risk of abuse including regular training. Staff were able to recognise abuse and protect people from harm.

Preventing and controlling infection

At our last inspection we recommended the provider consider current best practice in relation to infection control and food hygiene. The provider had made improvements.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

The visiting arrangements at this service were in line with government guidance.



# 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 requires improvement. The rating for this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection we found people's choices and preferences were not always considered and people's care and support was not always personalised for them. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and were no longer in breach.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at the service. A senior manager met with the person and their relatives and reviewed any professional reports to check they could meet their needs.
- People's care plans were based on this initial assessment and were individualised and kept up to date to be reliable for staff to refer to.
- The registered manager continued review people's care to check their needs were being met, reviewing care plans, speaking with people and attending formal meetings led by social services.

Staff support: induction, training, skills and experience

- Staff understood their role and responsibilities and received training on key topics such as dementia, moving and handling and health and safety. Several people were living with dementia relating to substance abuse and the provider planned to include this in their training programme. Staff were supported to complete diplomas in health and social care with leadership qualifications for senior staff. New staff completed the care certificate, a nationally recognised induction programme.
- Staff received regular supervision to check whether they required any further support to meet people's needs. Staff told us they felt supported by the registered manager and deputy manager.

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's legal rights were protected and they were supported to have maximum choice and control of their lives because the registered manager and staff followed the principles of the MCA.
- The registered manager carried out capacity assessments where it was suspected people lacked capacity to make some specific decisions.
- The provider followed best interest processes in line with the MCA in relation to these decisions. The purpose of such meetings is for relatives, staff and any professionals involved in the person's care to decide which decisions are in people's best interests.
- Staff were trained to understand the MCA and use it in their daily work, we found staff understood their responsibilities in relation to this.
- The provider had applied for DoLS appropriately for people using the service.

Supporting people to live healthier lives, access healthcare services and support; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care

At our last inspection we recommended the provider consult best practice guidance on eating well with dementia. The provider had made improvements.

- People were supported to see the healthcare professionals to maintain their health including their GPs, dentists, chiropodists and hospital specialists. A key healthcare professional told us the service was very well led by and people's healthcare needs were met.
- Staff received training in people's health needs, including specialist training in monitoring people's blood pressure and oxygen levels as part of a local initiative to reduce hospital admissions, under guidance from clinicians available at all times for support via videocall.
- People's weights were closely monitored and the registered manager took action when there were concerns, referring to specialists and following their advice.
- We observed a mealtime and saw people received food of their choice and specific dietary requirements and cultural needs were met. Snacks and drinks were available outside of mealtimes. One person told us the food was excellent and had improved a lot recently.

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

- The provider had made improvements to the home and had further improvements planned. The provider had laid laminate flooring in bedrooms to make cleaning more effective. Signage, the use of colour schemes and avoiding certain carpet patterns to help people with dementia orientate around the home was planned. In addition, the provider planned to install memory boxes outside people's doors to help people recognise their rooms.
- People were encouraged to personalise their rooms with things that were important to them.
- Some people's liberty to leave the home freely was restricted under DoLS as part of keeping them safe with locked doors.
- A garden visiting area had been installed to facilitate visits safely during the COVID-19 pandemic.

# 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 the same. 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's privacy and dignity was respected by staff. Staff ensured people had privacy when they provided personal care and staff understood how to maintain confidentiality. Staff received training in this topic to help them understand their responsibilities.
- People were encouraged to be involved in their care as much as they wanted to, such as washing parts of their bodies and maintaining their mobility as far as possible. People were well presented. A healthcare professional told us the person they support was always well presented and liked living at the service.

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

- We observed staff developed good relationships with people and people were comfortable approaching staff and talking with them. Staff were kind and caring. A person told us they felt they were well looked after and other people described staff as approachable and "really lovely".
- We saw staff were not rushed and had time to engage with people, providing meaningful care and staff confirmed it was usual they were not rushed.
- Staff received training in equality and diversity and understood people's cultural, social and religious needs and preferences which were recorded in people's care plans for staff to refer to.

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

- Staff provided care in line with people's preferences, known through working with them and speaking with their family and friends where people were unable to express their needs.
- Each person had a keyworker who checked their care met their needs and encouraged them to express their views.
- Staff helped people express their views and choices by communicating in the best ways for them. For example, people were shown meals to help them choose if words confused them.

# 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 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; 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

- Staff supported people to maintain contact with those who were important to them through visits, phone and videocalls. Each person was chosen as 'resident of the day' on a rota system. They received special treatment that day based on their preferences. Special occasions such as birthdays, religious and cultural events were also celebrated.
- People were encouraged to do activities they enjoyed and three activities officers planned and led daily activities. They also spent time with people who spent most of their time in their rooms to reduce their social isolation.
- People's care plans were person-centred. They detailed people's health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care. Care plans were kept up to date so they remained reliable for staff to follow. A relative told us staff had helped their family member to settle and cared for their hygiene needs well. A healthcare professional told us people's needs were paramount and staff were very in tune with people and their relatives.
- People's needs, preferences and routines were understood by staff and these were recorded in their care plans for staff to refer to when needed.

Improving care quality in response to complaints or concerns

- A suitable complaints procedure was in place and the registered manager investigated and responded to any concerns or complaints.
- People and relatives told us they had confidence the registered manager would investigate and respond appropriately to any concerns they raised.

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.

- The provider met the AIS and the registered manager told us key information could be provided to people in alternative formats when necessary.
- The provider recorded people's communication needs and preferences in their care plans and how best to communicate with them to guide staff.

End of life care and support

- The provider worked closely with people and their relatives and the local hospice to support people to plan how they would like to receive care at the end of their lives.
- Training was available to staff in relation to end of life care through the local hospice.

# 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. The rating for this key improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we the provider had failed to display their rating both at the location and on the providers website. This was a breach of regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provide was no longer in breach.

- The CQC rating was on display in the service, and on their website, as required by law. The registered manager understood their requirement to send us notifications in relation to significant events that had occurred in the service, such as any significant incidents.
- The registered manager was newly recruited after our last inspection and we found they had made considerable improvements to the service. Our discussions and findings showed they understood their role and responsibilities well. People, relatives, staff and healthcare professionals told us the registered manager was approachable and led the service well.
- The registered manager was supported by a deputy manager, seniors and care workers who understood their roles and responsibilities well.
- The provider had a system of audits to check people received a good standard of care and these were effective overall. Audits included frequent checks of care records, medicines management, health and safety, infection control and cleanliness, staff performance, recruitment and training.

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; 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

- The registered manager promoted a positive culture through supporting staff to understand and meet people's needs. One staff member told us, "I like working here we all get along the morale is good. We work as a team." In addition, people, staff and relatives were regularly asked for their views and experiences through regular meetings, phone calls, having an open-door policy to discuss any concerns and surveys. The recent surveys showed 100% of staff agreed or strongly agreed the registered manager is always approachable. 84% of relatives had a great or very good experience visiting their loved ones and others found the experience fine.

- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
- The provider liaised with external health and social care professionals such as specialist nurses, GPs and occupational therapists to ensure people received the care they needed. A healthcare professional told us the staff were good at communicating and they had seen positive changes in their client.