

ARMSCARE Limited

Norfolk Lodge

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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Norfolk Lodge is a residential care home providing personal care and accommodation to up to 30 older people. The home is in an 18th century building that has been extended and provides accommodation over two floors. At the time of our inspection there were 28 people using the service.

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

We saw positive interactions between people and staff. However, there were times when decisions staff made in the best interest of one person impacted negatively on others. On the whole staff respected people's privacy and dignity but there were occasions when private information was shared loudly in front of other people.

The provider had systems in place that helped ensure that staff delivered a service that met people's needs and kept them safe. Without exception, staff and relatives said there had been considerable improvement in the service since the current registered manager had taken up post. We received positive feedback from staff, relatives and external professionals about her influence on the service.

Lessons were learned when things went wrong, and actions to bring about improvement shared with staff. The provider's complaints procedure was available in the home. Complaints were investigated and feedback given that included any learning.

People felt safe and relatives trusted staff. Staff knew how to report any concerns to the registered manager, and externally to other organisations, such as the local authority. Staff were confident the registered manager would take any concerns seriously. Risks had been assessed and actions taken to reduce risk where possible. Medication was well managed and people received their prescribed medicines. Infection prevention and control was on the whole well managed. People were supported to eat and drink sufficient amounts. Staff referred people to external healthcare professionals and followed their guidance.

People's care plans provided detailed guidance for staff to follow. Staff supported people to maintain contact with relatives. People's opportunities for activities had increased in recent months and everyone had opportunities to go out of the home on local trips. Staff understood and fostered people's particular areas of interest. Some people were occupied during our inspection with knitting, games, and or television. However, some people were just sitting unoccupied for long periods of time.

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 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Norfolk Lodge

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.

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 was carried out by one inspector 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

Norfolk Lodge 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. Norfolk Lodge 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 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. Inspection activity started on 11 May 2022 and ended on 17 May 2022. We visited the home on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 10 January 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

During our visits we used observations to help us understand the experience of people who could not talk with us. We spoke with four people who received the service and with six staff. These included two care workers, two senior care workers, the registered manager, and the regional manager. We also received feedback from three people's relatives and four external health and social care professionals who have contact with the service.

We reviewed a range of records. These included sampling six people's care records, and two staff files in relation to recruitment checks. We also looked at a variety of records relating to the management of the service, including staff rotas and training records, meeting minutes, audits, quality assurance reports, and action plans.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

- The registered manager identified risks to people's health, safety, and welfare, and took action to reduce the risk. For example, where staff supported people to move and in relation to falls and poor nutrition.
- Each person had a Personal Emergency Evacuation Plan (PEEP). Staff knew how to safely support people in an emergency, such as a fire. Staff carried out regular checks to ensure equipment, such as fire alarms, was in good working order.
- People's risks were reviewed regularly and when things changed. This meant staff always had guidance on how to safely meet people's current needs.
- The registered manager acknowledged and responded appropriately when things went wrong. They put action plans in place to bring about improvement and discussed any lessons learnt with staff. For example, implementing clear staff deployment to ensure people were appropriately supervised. The registered manager had introduced additional audits after people fell, to monitor for any trends or themes. They had also implemented good practice guidance to help staff support people after they had fallen to reduce the number of unnecessary ambulance call outs.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff when receiving care. One person told us, "I feel safe here. ... I don't have any worries. [The staff] are very good at keeping an eye on you." Relatives trusted staff. One relative said, "I do trust [the staff] with my [family member]. I would soon know if there was a problem."
- Staff had received safeguarding training. They were confident about how to report any concerns to the registered manager, and externally to other organisations, such as the local authority. Staff were confident the registered manager would take any concerns seriously. A staff member told us when they report concerns the registered manager was, "Very good and takes action."

Staffing and recruitment

- The registered manager had completed appropriate recruitment checks prior to employing new staff. Information obtained included full employment history, previous employer references, and a criminal records check.
- The registered manager used a recognised tool to calculate the number of staff needed to meet people's needs. They regularly reviewed staffing levels to ensure there were enough staff with the right skills.
- People, relatives, and staff told us, and records showed, there were enough staff to meet people's needs. One person said, "I am safe here. There are [staff] here to help you when you need it." A staff member told us, "When I started it was hard, and I worked overtime, but there are more staff now. It's all good now."

Using medicines safely

- Systems were in place, including regular audits, to ensure people received their medicines as prescribed. People had medicines' plans in place which detailed how they preferred to take their medicines and the support they required from staff. However, although there was guidance for staff to follow where people were prescribed medicines to be given 'when required', this was not always satisfactorily clear. The registered manager told us they addressed this during our inspection.
- Staff had completed medicines management training and had their competency assessed by senior staff to ensure they followed good 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff did not always sanitise their hands between changing disposable gloves, and used gloves were being disposed of in an open top bin in one area of the home.
- 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 registered manager told us the home was following the government guidance in relation to visitors to the home. Staff enabled people to receive visitors and maintained contact with people important to them. Relatives told us the system for booking visits was easy to use. One relative told us, "We can visit whenever we want."

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. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider reviewed best practice guidance in relation to the mealtime experience for people living with dementia. The provider had made improvements.

- Staff supported people to have enough to eat and drink. People told us they liked the food and they had a choice of meals. One person said, "The food is good, I like it and you do get a choice of what to eat." Pictures of the menu choices were displayed in the dining room and helped people to make their choices.
- A person told us, "You can sit where you want to at mealtimes." We saw some people chose to take their meals in the dining room, others chose the lounges, or their bedrooms.
- Staff catered for people's dietary needs and preferences, and made the mealtime relaxed and unhurried. Staff encouraged people to eat and drink independently, and supported people who needed help with this. Equipment, such as plate guards, was available to help people maintain their independence.
- Where people were at risk of not eating or drinking enough, the registered manager had sent referrals to appropriate health services. Staff monitored people's weights and food and fluid intake to ensure people remained healthy. Staff followed professional's guidance. For example, by providing some people with a fortified diet.

Adapting service, design, decoration to meet people's

At our last inspection we recommended the provider reviewed best practice guidance regarding the internal and external environment for people living with dementia to aide their needs and wellbeing. The provider had made improvements.

- Some signage was used within the home to help people find their way around. For example, signs on bathrooms doors.
- The registered manager had involved and consulted people about the colours used to redecorate the home.
- The garden area was accessible, tidy, and contained items of interest such as raised beds for people to sow plants.

Staff support: induction, training, skills and experience

- People and their relatives said staff were well trained. One person told us, "I think they know what they are doing."

- Staff were competent, knowledgeable and enthusiastic about working at the service. New staff received training and induction into their roles. Where staff hadn't worked in care before, their training included the Care Certificate. This is a nationally recognised care qualification. New staff shadowed more experienced care workers until they felt confident delivering care alone.
- Staff told us they had completed a considerable amount of training since the registered manager took up post. Staff received training in a variety of subjects the provider deemed mandatory, such as first aid and moving and handling, staff also received training to help them meet people's specific needs, such as epilepsy and dementia care.
- Staff were supported both formally through regular supervision sessions and staff meetings, and more informally, on a day to day basis. Staff felt very well supported by the registered manager and each other. A staff member told us, "I can go and talk to [the registered manager] and be honest with her. I know she'll support me." Another staff member said, "It's a very good team here, we all support each other."

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

- Staff supported people to access health services such as GPs, dietitians, and opticians. An external healthcare professional told us staff referred concerns to them quickly and followed any guidance or recommendations they made. This helped to ensure that people received effective care that maintained their health and wellbeing.

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.

- Staff had received training and knew how the MCA applied to their work.
- Where appropriate, staff had mostly carried out mental capacity assessments for specific decisions. They had consulted people's legal representatives, relatives, and professionals to decide how to best to support each person and recorded the decision. Where people lacked mental capacity to make the decision to occupy shared bedrooms, the registered manager told us they had discussed this with relatives and, where appropriate social workers. However, we found mental capacity assessments and best interest decisions had not been completed in relation to these decisions. This meant there was a risk of decisions being made that were not in people's best interests or in the least restrictive manner.
- Although decisions were not always recorded, staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. This included varying their approach to help people understand choices. For example, using picture

prompts for mealtime choices.

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

- People said they were well cared for. One person told us, "The staff are very nice here. They look after me really well." Relatives praised the care their family members received from staff. One relative told us the care was, "Excellent! I can't fault them. My [family member] was in hospital and has come on in leaps and bounds here, [my family member] is eating and [staff] do a lot [of social activities] with them. It's just amazing."
- The registered manager assessed each person before providing care to ensure they could meet people's needs and preferences. One relative told us the registered manager, "Did ask me about [my family member's] needs and [interests]." The registered manager used this information to develop each person's care plan.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.
- The registered manager had accessed best practice guidance to support them with care delivery.
- Staff used technology to help them support people. For example, sensor mats to alert staff to some people's movements where they were at risk of falls.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We saw positive interactions between people and staff. However, staff did not always respect people's privacy. We heard staff speaking to each other about people in front of others. One of the toilets was situated off of a lounge area. Staff could be clearly heard giving directions to people using the facilities.
- We received mixed views about how people were treated. Some people made positive comments about the staff. For example, one person said, "The staff are lovely, the staff are brilliant." However, other people raised concerns about some of the staff. For example, one person told us, "Some staff are nice, some haven't got the niceness to do the job." Another person said, "If I tell the carers that I don't like them doing something they get angry." The registered manager told us she would investigate these comments and take action if needed.
- Relatives told us the registered manager and staff were sensitive of both their, and their family member's needs and said they were very caring. One relative described how distressed they were when they left their family member at the home for the first time. They told us, "I could see [the staff member] was a good person and giving mum high quality care. She phoned me and said [my family member] had settled and they had cut her nails. I thought that was a kind thing to do, such a small thing. It's the small things [the staff] do that improves their quality of life."
- Staff supported people to be independent. For example, they provided suitable equipment to help people eat without assistance. One relative told us, "[My family member] has settled in so well. [Staff] oversee [my family member] doing things, [staff] let [them] try, rather than rushing [them], when getting dressed etc."
- Staff demonstrated they knew the people they supported well including their backgrounds and life histories.
- Staff encouraged diversity within the home. For example, by celebrating international days where other culture's music and food were explored and sampled.

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

- Staff supported people to make decisions and involved them in their care and daily lives. One person told us, "I can do what I want, when I want. [Staff] don't nag you to go to bed." However, staff were not always mindful of how meeting one person's needs may negatively impact on others. For example, by suddenly putting on loud music.
- Staff told us that some people needed extra support to help them make some decisions. They described different strategies to help the person understand the choices offered, such showing the choices available.

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we recommended the provider reviewed best practice guidance on providing suitable activities and stimulation to people who are living with dementia. The provider had made some improvements in this area.

- Relatives praised staff and told us how much activities and leisure opportunities had increased in recent months with everyone having opportunities to go out of the home on trips to the local beach, park, and theatre. One relative said, "[Staff] are brilliant here. They do all sorts with them. This week asking them what their 'happy thing' is. They get everyone involved with things." The relative gave examples of Easter egg races and a visit to a sea-life centre that their family member "really enjoyed." Another relative told us, "They had a school in singing a couple of weeks ago. It's just wonderful."
- Staff understood people's particular areas of interest. One staff member told us how they took time each day to read to a person from one of their favourite authors. A relative told us how their family member "loves football" and staff always make sure they can watch this on the television. An external care professional told us how staff had supported and encouraged a person who had spent most of their time in their room and was at risk of isolation, to join in social events. This resulted in the person's anxiety reducing and them being able to spend time enjoying one to one and group activities.
- During our inspection we saw some people knitting and colouring, and staff playing dominoes with two people. There was also an impromptu sing-along which several people joined in. However, many people were unoccupied for long periods of time. One person told us, "I sit here every day doing nothing." Another person said, "There is not enough to do, we just sit around a lot." The registered manager told us this was an area they were continuing to develop.
- The registered manager and staff supported people to maintain relationships that were important to them. Relatives' and friends' visits in the home and garden were supplemented by video and telephone calls. Relatives told us they appreciated the newsletters, photographs, and films on social media. They said these enabled them to start conversations with their family members about things they had been doing. One relative said, "We live a long way away. They put photos on [social media] which is lovely. We can see pictures of [family member] having the time of their life."

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

- People's care plans were up to date and accurate. They provided sufficient guidance for staff on how each person preferred their needs to be met and were reviewed regularly. One staff member told us, "[The care

plans are] really good. The senior [staff] are always adding things to them."

- Records showed people and or their relatives were involved in reviewing their care. However, some people and relatives could not remember being involved in the discussions around their care decisions.

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. 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 explained how they used body language to help them identify people's needs if they could not express these verbally.
- Information was available in different formats to help aid people's understanding.
- There was signage throughout the home to help people find their way around. For example, there were clear signs and pictures on bathroom doors and accessible information in larger print on notice boards.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and were confident the registered manager would address any concerns or complaints they raised.
- The provider responded to complaints in line with their complaint's procedure. Where complaints were raised, they had taken appropriate action and communicated the outcome to the complainant. This included any actions they had taken to reduce the risk of recurrence.

End of life care and support

- The service did not provide specialist end of life care but did continue to care for people at the end of their life as the need arose. They did this with support from external health professionals, such as community nurses, following any guidance they put in place. This helped ensure people's needs were met at the end of their lives.
- Where people agreed, they had end of life care plans that informed staff of their wishes. This helped staff understand people's wishes and how to provide this care.
- A relative who's family member had recently received end of life care at the home wrote thanking staff for "all you did" for their family member.

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.

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

At our last inspection the provider had failed to effectively assess, monitor and improve the quality of care people received. This was a breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been significant improvement in the service since our last inspection. Without exception, staff and relatives said there had been considerable improvement since the current registered manager had taken up post. External care professionals shared this view. One relative told us, "I would stress the quality of management. [The registered manager] is a really good manager." A staff member described how low staff morale had been and how the current registered manager had brought about positive changes to the service. One staff member said, "[The registered manager] had a rocky start. It was hard to begin with. She's really got our morale up."
- The registered manager and provider had systems in place that helped ensure that staff delivered a service that met people's needs and kept them safe. These included various audits and analysis, including of falls and medicines.
- Staff were clear about their roles and knew when and how to raise any concerns. The registered manager provided good leadership to the team. Staff were well supported and held to account for their performance when required. There was effective communication in place to ensure staff were kept up to date with any changes in the service provided.
- The registered manager had notified us of all relevant events in an appropriate timeframe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 were proud to work for the service. They told us they would be happy with a family member receiving

care at this service. One staff member said this was because, "The care we give is brilliant. We give [people] choices. It's a very good team here, we all support each other." All staff described exceptional teamwork and support from the registered manager. One staff member told us, "[The registered manager] has been absolutely wonderful. She is always there. Her door is always open."

- The registered manager led by example to create a positive and caring culture. Staff felt very well supported and made positive comments about them. Staff told us the registered manager was approachable, was always available for advice and support, and addressed any concerns quickly.
- The service had two trained well-being champions on the staff team and an application on their phones to help staff communicate and promote well-being. This helped staff support each other, build relationships, and promote their well-being.
- The registered manager valued staff, recognised success, and celebrated good practice. People, relatives and staff were encouraged to vote for an 'employee of the month' with presentations made and pictures shared. The registered manager nominated a staff member for a Social Care Heroes award which she won in 2022 and resulted in media coverage.
- The registered manager and provider were open and honest when things went wrong. A relative told us staff notified them promptly when their family member had fallen.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's and their relatives' views on the service were sought formally, through meetings and a comments box, as well as more informally during day to day contact. People were informed of the actions taken via newsletters and a "You said, we did" notice board.
- Staff had opportunities to discuss their views on the service formally through supervision and meetings, and informally on a day to day basis. Staff felt valued, very well supported and able to voice their opinions.
- The registered manager had developed good links with the local community including local scouts and a school whose pupils visited the service.

Working in partnership with others

- The registered manager and staff worked in partnership with external care professionals to ensure that people received joined up care. External professionals told us staff referred people to them appropriately and were receptive to any guidance they recommended.