Care Quality Commission

Mr David Lewis & Mr Robert Hebbes

Normanhurst EMI Home

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

This inspection took place on the 5 October 2018 and was unannounced.

Normanhurst EMI Home 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.

The home is registered to provide personal care and accommodation for up to 18 older people who are living with dementia or require support with their mental health needs. At the time of the inspection there were eleven people living there.

At the last inspection in August 2017 the overall rating for Normanhurst EMI Home was Requires Improvement as more work was needed to ensure their quality assurance system identified areas where improvements were required. Such as the provision of relevant training in moving and handling and record keeping. At this inspection we found these areas had been addressed and the overall rating had improved to Good.

The registered manager of Normanhurst EMI Home is also the registered manager for Normanhurst Care Home and was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The providers for the service are Mr David Lewis and Mr Robert Hebbes. They also own Normanhurst Nursing Home and Normanhurst Care Home.

An effective quality assurance system enabled management to audit the care plans and other records, such as medicines, accidents and incidents, cleaning and infection control, to identify trends and take action when needed. People and relatives told us the staff were very good; they offered the support and care people needed and involved them in discussions about driving forward improvements at the home.

Risk had been assessed and staff supported people to remain independent, active and safe, as they moved around the home using walking aids and with staff assistance. Staff had completed relevant training, including medicines, infection control and safeguarding. They demonstrated a good understanding of people's needs, how to protect people from harm and what action they would take if they had any concerns. Supervision and staff meetings kept staff up to date with current best practice and they were aware of their roles and responsibilities. Robust recruitment procedures ensured only suitable staff were employed and there were enough staff working in the home to provide the care people needed.

Care plans were written and agreed with people and their relatives, if appropriate. They included physical and mental health needs with risk assessments and clear guidance for staff to follow to ensure they had the care they needed. Staff were aware of people's preferences and wishes. They explained clearly how people

made decisions about the care provided and we observed staff listened to people and acted on their requests.

Staff had an understanding of the Mental Capacity Act 2005 and consistently asked if people needed support or assistance. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications had been requested when required to ensure people were safe.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff were aware that people had different communication needs and were able to explain how they supported people to communicate.

People said the food was good; they enjoyed a cooked breakfast most days and asked for another meal when they did not like the meal they had chosen. Staff offered alternatives and people were enjoyed these. Staff ensured people had enough to eat and drink and contacted their GP if they had any concerns. Visitors to the home were made to feel very welcome and people were supported to keep in touch with relatives and friends.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service is safe.

Risk to people had been assessed and staff supported people to be independent and take risks safely.

Recruitment practices were robust, only suitable staff were employed and there were enough staff working at the home to meet people's needs.

Staff had attended safeguarding training and demonstrated an understanding of abuse and how to protect people from harm.

Medicines were administered safely and administration records were up to date.

Is the service effective?

Good

The service is effective.

Staff had attended training for Mental Capacity Act 2005 and Deprivation of Liberty and were aware of current guidelines and their responsibilities.

People were supported to have a healthy diet, choices were available and people decided where to have their meals.

Staff arranged for people to see health and social care professionals when they needed to.

Is the service caring?

Good

The service is caring.

Staff provided the support people wanted and treated them with respect.

People asked staff to provide the support they wanted and made choices decided where and how they would spend their time.

Visitors were made to feel very welcome and people were encouraged to maintain relationships with relatives and friends.

Is the service responsive?

Good

The service is responsive.

People received support that was personalised to meet their needs, wishes and preferences.

People were offered a choice of activities, which were available daily in each of the provider three homes.

A complaints procedure was in place and people and visitors knew how to raise concerns.

Is the service well-led?

Good

The service is well led.

They quality assurance system was effective and enabled the registered manager to monitor the services provided.

Staff were aware of their roles and responsibilities There were clear lines of accountability and the registered manager provided guidance and support to ensure people, visitors and staff worked together to develop the services.

Feedback was sought from people, relatives and staff through regular meetings and satisfaction questionnaires.

Normanhurst EMI Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on the 4 October 2018 and was unannounced. The inspection team consisted of 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.

Before the inspection we looked the information we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that occurred at the service. We also reviewed the information sent in by the provider and registered manager in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service; such as what they do well and any improvements they plan to make.

Some people who lived in the home were unable to verbally share with us their experiences of life at the home because of their dementia needs. Therefore, we spent a large amount of time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas. We also 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.

We spoke with nine people, three visitors and seven staff; including the registered manager, chef, care staff, activity staff and activity manager.

We reviewed records, including four care plans, the provider's internal checks and audits, care plans, medicine records and accidents and incidents.

We asked the registered manager to send us minutes of residents and staff meetings and these were forwarded promptly. Other information such as the training plan and policies and procedures were the

same as requested previously when we inspected Normanhurst Care Home, as we did not need these.

Good

Is the service safe?

Our findings

At our inspection on 14 and 17 August 2017 we rated this key question Requires Improvement as the provider had not arranged suitable moving and handling training and records for incidents were not clear. At this inspection we found the improvements had been made and the rating had improved to good.

Risk assessments identified people's support needs and included specific guidance for staff to follow, to reduce risk as much as possible. These included mobility, risk of falls, communication, temperament, eating and drinking, sleeping and waterlow scores for the risk of pressure sores. Staff demonstrated a good understanding of risk and explained how people made choices and remained safe. For example, we saw staff supported people to be independent and move around the home safely. People linked arms with staff, used walking aids and staff assisted people using wheelchairs when needed. Staff had attended moving and handling training and talked knowledgeably about each person's specific support needs. Staff told us, "We assess residents needs every time they move, when they get up in the morning and throughout the day to make sure they are safe, but we don't restrict them" and, "We support residents as much as possible to be independent and take risks, like when walking around with a zimmer. We keep an eye on them and might suggest they walk few steps forward or back so they can sit down safely." One person said, "They keep an eye on us, which is very nice." Relatives told us staff made sure people were safe. One relative said their family member, "Is 100% safe. We live a distance away but have absolutely no worries …. in safe hands and a great relief to us."

Records showed that accidents and incidents were recorded; in the person's care plan and on the appropriate forms and staff discussed them to identify the cause and prevent a re-occurrence. One member of staff told us, "We know when residents are not quite themselves and when they might be at risk of an accidents." Another member of staff said, "There is one of us in the lounge at all times when residents are using it, because we know some have fallen when they walk, they forget their stick or zimmer and we remind them." This showed that staff had learnt from accidents and incidents and had put systems in place to reduce risk.

There were enough suitably trained staff to provide the care people needed and meet their individual needs. We saw staff respond promptly when people asked for assistance and supported people to spend time where they chose. One person sat in the small quiet lounge and another person remained in their room until lunchtime. Staff said there was a regular team of staff and they worked an extra shift if they needed more staff. One member of staff told us, "Like if one of us is sick or on holiday, it's never a problem we are never short of staff." Robust recruitment procedures were used to make sure people were protected. Records included completed application forms, references, interview records and a disclosure and barring check (DBS). The DBS checks if staff have a criminal record and are safe to work in the care sector.

Staff had attended training in safeguarding people and had a good understanding of abuse and how to protect people who were at risk of harm. Staff told us, "Yes we have regular safeguarding training and we have a whistleblowing policy so we all know what to look out for and I don't think any of us would hesitate to report to the manager, safeguarding or you (CQC) if we were worried", "I would say something straight

away and report it to the manager, I don't have any problem with that" and "Safeguarding includes everything we do, we know residents might refuse to have some treatments and we respect that." We saw one person was asked to sit in the dining room for a blood test. They were comfortable sitting there, but refused the blood test and the nurse withdrew. Staff said they would talk to the GP about this see if it could be arranged for another time.

There was a safe system for ordering, receiving, storing, disposing of and giving out medicines. Training records showed that staff had completed medicine training. Staff said the registered manager also assessed their skills following the training, so they were confident that people had their medicines when they needed them. Medicine administration records (MAR) had information about people, including their photograph, GP details and any allergies. Staff checked the MAR for errors, such as gaps, each time they gave out medicines, which were given out at the prescribed time and signed only when people had taken them. As required (PRN) medicines, such as paracetamol for pain relief were provided and staff asked people if they were comfortable or needed them. Staff showed us there was clear guidance for them to follow when giving out PRN medicines and explained this included why the medicine was prescribed, the dose and the maximum amount to be taken within 24 hours.

The home was well maintained with ongoing repair and replacement when needed. Health and safety checks, such as for gas and electrical systems, including TV's and radios, kept people, visitors and staff safe. The fire alarm system was checked weekly and staff had regular fire safety training. Staff had also recently attended fire marshal training, which meant the fire marshal would take responsibility if the fire alarm went off to guide people and staff to leave the building if necessary. Staff said each person had a Personal emergency evacuation plan (PEEP) so staff could assist them to leave the building safely and we saw these were easily accessible near the fire panel and the care plans.

The home was clean and hand washing and hand sanitising facilities were available throughout the building, which staff used regularly. Laundry facilities had equipment that was suitable to clean soiled washing and keep people safe.

Good

Is the service effective?

Our findings

At our inspection on 14 and 17 August 2017 we rated this key question Requires Improvement as more work was needed so that staff followed current guidelines when assessing peoples' capacity to make decisions about the care and support provided. This inspection found that the improvements had been made and the rating had improved to good.

People's needs were assessed and support was provided in line with current guidance. Staff had completed Mental Capacity Act 2005 (MCA) training and talked knowledgeably about supporting people to make decisions about the care they received. The 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 people 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. We checked whether the provider was working within the principles of the MCA. People made choices about all aspects of the support provided and understood they may need assistance from staff. One person said, "I cannot go out on my own, but they are very good, will always take me out" and we saw staff going for a walk with them. Staff told us, "Residents decide what they want to do, we always ask them and they can tell us, although most are forgetful" and "It is really up to them, we are here to support residents not to make decisions for them."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which is part of the MCA and applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been submitted to the local authority in line with current guidance when required. A best interest meeting, with the person concerned, relatives, staff and health and social care professionals discussed the person's specific needs. The registered manager told us the decision was that a DoLS was needed; there was clear guidance for staff to follow to support the person and staff explained how they did this.

Improvements had been made to the environment at Normanhurst EMI home, with pictorial and written signage so people could see where the dining room, lounge and lift were. Staff told us the dining room had been redecorated, it was bright and comfortable with space for people to walk through safely using mobility aids. People personalised their own rooms with their own possessions and decorated the lounge with art and craft pieces they made.

The only access to Normanhurst EMI Home is through the main lounge, where people sat together and with staff chatting, listening to music, watching TV and taking part in activities. Relatives walked through the lounge to visit family members and staff also used this route to bring in the food trolley and laundry. Staff said they had looked at alternative ways of accessing the home, including using the original front door, but a decision had not been made at the time of this inspection. We recommend the provider seeks advice from an appropriate professional so that access to the building is separate from the main lounge.

Staff clearly had a good understanding of people's individual needs and were supported to develop the skills and knowledge to provide the support and care people wanted and needed. There was an ongoing training programme that staff said they had to complete. They were reminded when training was due and records showed staff had attended all relevant training. This included food hygiene, infection control, health and safety and equality and diversity. Staff understood equality and diversity, they were aware of the 'protected characteristics' and people's rights irrespective of their age, race or disability. Training specific to people's needs was also provided, such as dementia awareness and wound management and staff explained how they supported people with these needs. Staff told us, "I think the training is very good, it means we are up to date with our practice and can care for the residents", "We have to do the training otherwise we wouldn't have the knowledge and skills to look after the residents, which is what we do" and "We can do additional training if we want. I think most of us have NVQ level 2 or 3 in care."

New staff worked through induction training and if they had not worked in the care sector previously were expected to work towards the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life and they had assessed them for each module to ensure they had the knowledge and competency to meet people's needs. There was a low turnover of staff and most had worked at the home for several years, including the registered manager and senior care staff. Staff said the management was very supported and they could talk to the registered manager at any time and during one to one supervision, which staff said they had regularly. Staff told us, "We have regular supervision, in addition to day to day obs, so we can sit down and discuss our work, but sure we would know about it if our practice was not right" and "We also have team meetings, they keep us up to date and we can make suggestions."

Mealtimes were relaxed and sociable and people sat where they wanted to, in the dining room or the lounge if they preferred. The menu was displayed on the noticeboard in the dining room, there were two choices and a daily special; although people could ask for something else if they did not like the choices or changed their minds. The chef had a list of people's choices with additional information about the size of meals people wanted. People who had chosen the vegetarian option had not liked it and staff offered an alternative, which they enjoyed. Staff told us people tended to eat a small lunch, because they had a cooked breakfast and we saw small meals were served and people ate as much as they wanted. Staff knew which people were on specific diets because of their health care needs, such as diabetes, although diets were adapted to suite each person rather than limit their choices. People said, "The food is very nice", "Yes very good" and "I like this very much." People were weighed regularly and GPs contacted if staff had any concerns.

People were supported to be as healthy as possible and received healthcare assistance from professionals when they needed it. Relatives told us they worked with the staff to make sure people attended appointments. One relative said, "We have been to have their glasses adjusted" and staff "takes them for other appointments." One person told us they saw the nurse and another said they had not seen the dentist as they had their own teeth, not dentures. Records were kept of professional's visits and changes to people's support needs were recorded and the guidance for staff was reviewed and updated. Care plans showed that chiropody appointments had been arranged regularly and people used had their hair done in the salon on the lower ground floor of the home.

Good

Is the service caring?

Our findings

Staff treated people with respect and encouraged them to be independent and decide how staff would provide the support they wanted. People and visitors were told we were doing an inspection; we were introduced to them and they were asked if they wanted to talk to us. One person told us, "They are all lovely and look after us very well." Relatives were equally positive and said the staff understood people's needs and provided care in a respectful way. One relative told us, "The staff know exactly how to care for people."

Staff worked as a team, including the registered manager, housekeeper, administration staff, chef, care and activity staff, to ensure the well-being of people living in Normanhurst EMI Home. We saw staff respected people's choices and offered support in a sensitive and caring manner. Staff sat close by as they spoke with people, with eye to eye and physical contact, such as holding hands or stoking a person's arm as people decided what they wanted to do.

Staff understood that people's needs changed depending on how they felt at the time and staff adapted the support offered with these changes in mind. Staff told us, "Residents, just like us, have good days and bad days and how we offer support based on this" and "We get to know people and their families very well and they get to know us. It is nice that we all work together and plan care differently each day as they need it." People told us, "They look after my personal care very well. They help me wash and have a shower" and "They know what I need, they are so lovely."

There was a relaxed and homely atmosphere and people clearly made choices about where and how they spent their time. People sat in the lounge with staff, chatting and deciding if they would join in activities later that day. Staff knew people very well, they offered support when needed and respected people's privacy as they assisted people with personal care. For example, staff reminded one person to use the bathroom before lunch and encouraged them to use a zimmer and keep their independence. One member of staff told us, "Residents are independent really and we support them to keep that independence as much as possible. That is our job and we respect what they want to do."

Staff protected people's privacy. The community nurse visited one person. They and staff asked the person if they wanted to return to their bedroom or remain in the lounge. The person wanted to stay in the lounge and staff used a screen so that other people and visitors could not see and sat with the person chatting and distracting them while a dressing was changed. People were offered choices with all aspects of the care provided, including if they preferred a male or female member of staff and this was recorded in their care plan. One person told us, "I don't mind whether my carer is male or female" and staff said it was up to each person to make this decision.

Relatives said they could visit at any time and were made to feel very welcome. One relative said their family member, "Always has someone to turn to who they trust … this is a great relief." Communication between people, visitors and staff was friendly and on first name terms and they chatted together as people decided how they wanted to spend their time.

Records were kept secure on a central computer system with staff accessing information using a hand held electronic device. Staff said they could access details about people's needs and record how these were met. People, their relatives or representatives were involved in reviewing and updated the records, but they were secure and other persons could not access them. Staff had read the provider's confidentiality policy and were aware that legislation had changed with the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information and they had attended relevant training. Staff told us all the information about people was kept confidential and would not be discussed 'even with relatives' unless this had been agreed.

Good

Is the service responsive?

Our findings

People received care and support that was based on their specific needs, preferences and choices. Staff demonstrated a good understanding of people's needs and people and relatives were involved in discussions about how these would be met. One person said, "They are all very good and I can ask for anything." Group and individual activities were arranged daily, which people chose to participate in if they wished. One person told us, "I enjoy the sing songs."

People's needs were assessed before they moved into Normanhurst EMI Home, known as 'the annexe', by the registered manager, who was also the registered manager of Normanhurst Care Home. The information from the assessment was used to write each person's care plan, with the involvement of people and their relatives, as required. The care plans included information about people's mental and physical health needs, with guidance for staff to follow to support people with their personal care, communication and mobility. Staff said they had read the care plans and spoke confidently about people's individuals needs and how these would be met. One member of staff told us, "It is our job to look after residents and make sure they decide how we support them. People said staff always asked them if they needed support and assistance. We used our Short Observational Framework for Inspection (SOFI) to observe the care provided. We saw staff had a very good understanding of people's individual preferences and choices and that people decided how staff would support them. Staff waited for people to respond before assisting them to use the facilities, or walk to and from the dining room and lounge. Relatives said they were kept informed about any changes their family members need and they discussed and updated the care plans with people and staff.

Staff said people had moved from the other homes in the group to the annexe, if their needs changed. Although they continued to visit relatives in Normanhurst Care Home and Nursing Home and they also participated in activities in any of the three homes if they wanted to. People were informed about the activities through the monthly Newsletter and were given to people and displayed on the noticeboard. During the inspection activity staff spent time with people on a one to one basis in the morning and there was a group sing-a-long in the afternoon. People from the three homes joined in with staff and they clearly enjoyed themselves. One person liked to sit in the garden and staff sat with them while they enjoyed the warm weather. Another person went into town with relatives to celebrate their birthday, which was the following day. A member of staff had made an iced fruit cake for them to have with their relatives and staff had also organised a birthday cake, with candles for the birthday tea on the actual day. The activity manager told us they had plans to develop more activities for people living in the annexe. They had discussed the provision of a sensory and peaceful room with the provider and planned to continue growing herbs and vegetables on the patio. Seasonal festivities also were planned, with carol singers and a pantomime arranged for Christmas.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. Details about people's communication needs were included in the care plans and there was clear guidance for staff about

how to support people to communicate their needs. Staff had completed AIS training and we saw they supported people who were anxious or confused to express their choices and take part in activities.

Technology was available for people to use if they chose to and broadband enabled people to use the internet and one person used skype to keep in touch with their family. Although most people kept in touch with relatives and friends using the main phone, which staff passed to them when they rang the home.

People and relatives knew there was a complaints procedure. This had been included in the information given to people when they moved into the home and was displayed on the notice board. People told us, "Don't have any complaints", "No worries" and "If I did would talk to my daughter." Relatives said they knew how to complain, but had no concerns about the support and care provided. One relative told us, "I would go straight to the manager. She is very approachable."

End of life care was included in the care plan format and staff had attended training to support people when their health needs changed. People's choices had been discussed with them and their relatives, if appropriate and additional support was available from community nurses and the palliative care team. Staff explained if a person's needs changed, for example, if they needed nursing care, they would discuss this with the person and their relatives. One member of staff said, "So we can make the best decision about where a resident would have the care they need."

Good

Is the service well-led?

Our findings

At our inspection on 14 and 17 August 2017 we rated this key question Requires Improvement as the quality assurance process had not identified areas that needed to improve. This inspection found that improvements had been made and the rating had improved to Good.

The quality assurance system had been reviewed and changes had been made to monitor the services. Audits were used to assess the care and support provided and action was taken if any improvements were noted. These included risk, care plans, medicines, accidents and incidents, cleaning and infection control and activities. Staff were aware the audits were completed regularly and as part of this process pointed out they checked the MAR each time they gave out medicines, to prevent errors. One member of staff told us, "We all work together as a team and know that our practice and how we help people is monitored like everything else. I don't have a problem with that, I think it is a good thing for us to look at what we are doing and always try to improve."

From our discussions with people, relatives, staff and the registered manager, and our observations, we found the culture at the home was relaxed and comfortable. The management style was open and encouraged people to be involved in decisions about the services provided. Relatives and staff said they could put forward suggestions for improvements and these had always been well received by the registered manager. People and relatives said the registered manager spent time in the annexe every day and they clearly knew people and visitors very well. Staff said she was available at any time, "Even evening and weekends if we have any worries."

We saw that feedback about the care provided was consistently sought as staff asked people if they needed assistance and if they were comfortable throughout the inspection. The provider obtained feedback from people, relatives, representatives, health professionals and staff through meetings and satisfaction questionnaires. Staff said the meetings meant they had a chance to get together and talk about the changes they had made since the last inspection and how they were working, such as the new care planning and record keeping system. One member of staff said, "We have made more changes this year and we continually talk about how we can make things better for the residents and their families. And I think we all have the same aims."

Residents meetings gave people an opportunity to talk about the food and activities and also kept them up to date about any planned changes. Staff said people were always told and reminded if any work was to be done in the home. For example, people and relatives were aware that electrical work was being done on the first floor during the inspection and they may be unable to access the rooms for part of the day.

There were clear lines of accountability, staff were very aware of their responsibilities and those of their colleagues. The providers were regular visitors to the home and staff discussed with them what changes they could make to improve the environment for people and visitors.

The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour

is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. The registered manager and staff said they kept people, and their relatives or representative if appropriate, informed about everything that happened at Normanhurst EMI Home. A relative said staff kept them up to date and, "You can discuss anything with the manager she always listens and is very approachable."