

Normanhurst Care Limited

Normanhurst Residential 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

About the service:

- The service is in a residential area of Maidenhead and close to the town centre.
- The service provides accommodation and personal care to older adults, some of whom have early stages of dementia. The care home can accommodate 23 people in one adapted building.
- This is the only location that the provider operates.
- At the time of our inspection, 19 people used the service and there were 17 staff employed.

People's experience of using this service:

- The service continued to provide safe, compassionate and well-led care.
- People liked living at the service.
- There was a homely atmosphere and the staff enjoyed caring for people.
- The providers were actively involved in the day-to-day operation of the care home, including the provision of personal care to people.
- People were protected against abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
- Staff knew people well. They had developed good relationships with people. People clearly enjoyed the presence and attention from the staff.
- People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems at the service supported this practice.
- People had an active say in how the service was operated and managed.
- People's care was personalised to their individual needs.
- Appropriate governance processes were in place to ensure high quality care.
- The service met the characteristics for a rating of "good" in all key questions.
- More information is in the full report.

Rating at last inspection:

- At our last inspection, the service was rated "good". Our last report was published on 11 May 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates. We made some recommendations within our report, which we will check at our next inspection.

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 findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

Normanhurst Residential Home

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- Our inspection was completed by one adult social care 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. Our expert-by-experience was familiar with the care of older adults in residential care homes.

Service and service type:

- Normanhurst Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.
- CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service 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. 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. At the time of our inspection, a manager was registered with us.

Notice of inspection:

- Our inspection was unannounced.
- The inspection site visit occurred on 13 November 2018.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House, the Food Standards Agency and the Information Commissioner's Office (ICO).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with four people and three relatives.
- We spoke with the provider, registered manager, three care workers, activities coordinator and cook.
- We reviewed three people's care records, a staff personnel file, two medicines administration records and other records about the management of the service.
- We asked the provider to send us further information after our inspection. This was received and used as evidence for our ratings.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- Staff knew how to recognise signs of abuse and act upon these, including referring any incidents to the local authority.
- There was a safeguarding policy in place, which was up to date. Staff were required to read the policy and sign to say they understood the content.
- Staff had safeguarding training. The training was completed by new staff during induction and then repeated every one or two years, depending on the employee's role.
- There were posters which displayed how to act upon or escalate concerns about potential abuse. Staff had cards as aide memoires for safeguarding. Staff were aware of whistleblowing. There was signage for family members and visitors about signs of abuse or neglect
- One person was from a culturally and linguistically diverse background. Their rights were protected by staff, the registered manager, the provider and their family. Staff taught other people who used the service about the person's lifestyle and preferences.
- People told us they were safe. Feedback included, "I know that my son knows that I am safe and looked after properly", "Yes, I have to say I feel safe living here" and "Yes, I have a roof over my head and (of the carers) I trust them I think."

Assessing risk, safety monitoring and management:

- People had pre-admission assessments before they moved in the service. This meant the service knew that they could cater for person's care needs and the environment was suitable, especially for people with dementia. GP notes and local authority notes were also obtained before care commenced.
- A further admission assessment was completed within the first 24 hours to provide more information about the person's needs.
- People had ongoing risk assessment which covered several areas. For example, risk assessments covered breathing, malnutrition, moving and handling, bruising, diabetes and chronic airways disease. These were based on individual needs and not everyone had the same set of risk assessments.
- An electronic system was used to record, risk rate and add mitigating actions to deal with the risks. Risk assessments were updated monthly or more often, when needed.
- Premises risk assessments and health and safety assessments were completed for the mandatory requirements. There was a Legionella risk assessment from September 2018, with 12 remedial actions. The provider had not organised a control scheme for Legionella management. We spoke with them and they gave an assurance they would rectify this. We asked them to send us evidence after our inspection to demonstrate this. We received evidence that a contractor was appointed to manage the prevention of Legionella.

Staffing levels and recruitment:

- Sufficient staff were deployed.
- We observed that people's needs were attended to in a timely way. Busy periods occurred during mealtimes and the mornings, however the providers were also on hand to provide personal care to people.
- The team leader was new and completing her induction at the time of our inspection.
- The service was recruiting for new care workers for casual shifts, to cover any shortages or short notice absences.
- A dependency sheet was completed each month which informed the amount of staff needed for each shift.
- We checked a staff personnel file. It contained all the necessary checks and documents to ensure fit and proper persons were employed. This included ID checks, a criminal history check, full employment history, checks of conduct (references), qualifications, health questionnaire and interview notes.
- People told us there were enough staff to provide safe care. One person said, ""They [staff] come running along the corridor if you press the button". Relatives had positive views about the number of staff. One said, "I think the number of carers on duty here is about right". A staff member commented, "Yes I think that there are enough carers although there seem to be pinch points in the morning and afternoon."

Using medicines safely:

- Staff had initial training in medicines safety during their induction.
- The team leaders completed online advanced-level medicines training.
- The local pharmacy provided support and advice as needed. The community pharmacist completed an annual audit of medicines safety.
- Practical medicines competencies for staff were completed every six months
- The local medicines optimisation team's pharmacy technician visited during our inspection, to overview the medicines safety at the location.
- There were protocols in place for 'as required' (PRN) medicines such as paracetamol.
- The service had controlled drugs (those subject to stringent control) stored and used. Monthly audits of balances took place. We recommend the management team audits the controlled drugs more frequently and updates the homely remedies documentation.
 - Anticipatory medicines were in place for people reaching end of life care. These were reviewed by a GP on a regular basis.
- At the time of our inspection, some people were having flu vaccines.
- There was the ability for people to self-medicate. There were lockable boxes in all bedrooms, although no one doing was doing this at the time of inspection.
- A relative told us, "I feel confident that [the person] is safe here and what medicines she takes."

Preventing and controlling infection:

- Two cleaners were employed. Staff also took part in regular cleaning.
- Staff had access to personal protective equipment such as disposable gloves and gowns.
- The service was clean. We observed a lot of clutter in some places (such as unused office equipment), which impeded the ability to clean the premises quickly. We pointed this out to the registered manager who told us they would speak with the provider.
- Mops, buckets and clothes were used in line with the national cleaning standards.
 - Records of cleaning were maintained. These included 'deep' cleaning (such as carpets) and high cleaning (such as hard to reach locations). Hand hygiene notices and handwashing facilities were in place.
- We recommend that the provider reviews the laundry area being used for storage of cleaning goods.

Learning lessons when things go wrong:

- Accidents and incidents were reported in a book.
- The book was not suitable for recording accidents and incidents for people who used the service. The forms in the book were designed for incidents that involved staff, relatives or visitors.

- The forms did not allow the recording of relevant notes by the registered manager or provider. We spoke with the registered manager about this and offered suggestions for consideration.
- There were no regular themes or trends in the accidents recorded.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's preferences, likes and dislikes were assessed and recorded.
- People's past life histories and social life were listed in the care documentation.
- People were also asked at least weekly what changes they might have to their preference. For example, one person stopped using the toilet, but could express when they needed the toilet. Staff asked their preference for suitable alternatives, and appropriate arrangements were made.
- Care documentation was clear about people's choices. One person's file stated, "[The person] likes jigsaws as they promote a calm environment...likes particular singers [and] has a favourite doll." Staff could explain the person's preferences to us without referring to the care notes.

Staff skills, knowledge and experience:

- Staff had regular training and supervision sessions with managers to ensure they had the right knowledge and skills to carry out their roles.
- The service had made improvements to the support staff received. This included increasing the frequency of training and one-to-one meetings.
- Staff training included safeguarding, moving and handling, the Mental Capacity Act 2005 (MCA), dementia awareness, medicines, health and safety, infection prevention, behaviours that challenge, nutrition, fire safe and equality.
- There was a combination of e-learning and face-to-face training.
- The registered manager and provider also attended training provided regularly by the local authority.
- There was annual repetition of training, or more frequently when the staff member's personal development plan warranted it.
- Staff training records reflected the information provided by the registered manager.

Supporting people to eat and drink enough with choice in a balanced diet:

- There were appropriate risk assessments and care plans in place for nutrition and hydration.
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) were made when necessary.
- People had correctly modified texture diets where there was risks of choking. This included soft, pureed or fork mashed meals.
- One person had a choking risk related to crumbly food (such as pastry). Appropriate plans were in place to ensure the person did not receive these types of foods.
- Some people also had fluid thickener added to their drinks. Appropriate stocks of the powders were available and there was up to date signage in the kitchen. A care worker knew how to thicken the fluid correctly and what stage (consistency) the person required.

- People and relatives provided positive feedback about the food. Comments included, "I had a big piece of quiche today...it was bigger than usual!", "He [the person] gets a lot to eat. The food here is first class... roasts and what I call 'proper' food", "Her [the person's] eating and appetite have improved immensely since she came to live here" and "It is good English food and it is the sort of stuff she [the person] is used to...it is good for her".
- One person had a diet appropriate for their culture. The providers could ensure the person had meals that they preferred.

Staff providing consistent, effective, timely care within and across organisations:

- There was continued evidence that the staff and management worked with community organisations.
- The service ensured joined up working with other agencies and professionals to ensure people received effective care.

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

- The service was a converted building not originally designed as a care home. There were several floors which could be accessed by stairs, a passenger lift and a stair lift.
- There was a small conservatory at the side of the building, leading to a well-maintained, secure garden space.
- The premises were homely, and pleasantly decorated. People enjoyed sitting in the large communal lounge at the front of the building.
- People's rooms were individually decorated to their preferences. One person's bedroom was decorated using their cultural preferences.
- Sensor mats were on people's floors, and used at night to alert staff if a person stood up beside their bed to go to the bathroom.
- There was limited storage space and suitable areas for staff use in carrying out their roles. This included the medicines cupboard, the registered manager's office and the laundry. We provided feedback to the registered manager and provider about this our inspection. The provider sent further evidence after our inspection of the actions they would take.
- There was appropriate signage in all areas of the service. This included for bedrooms, communal areas and bathrooms. These were large print, pictorial signs which people could easily see and understand.
- Some areas of the service required improvement. This included shower head fixtures, floorboards and carpets which were worn or uneven, the placement of filing cabinets, computers and printers in communal areas throughout the building and the use of storage hatches for paperwork. A better system of archiving records was required. The provider sent us evidence after our inspection these issues were being addressed. They had already completed repairs and obtained quotes for building works.
- 'Dementia friendly' colours were used on people's bedroom doors and in bathrooms. This included the use of coloured grab rails beside toilets and in showers.

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

- A range of professionals from primary and hospital health services were involved in assessing, planning, implementing and evaluating people's care and treatment. This was clear from the record of appointments in the care documentation.
- People were assisted with access to appointments with external professionals and when diagnostics tests like blood samples or x-rays were needed.
- Professionals that visited people at the service included GPs, district nurses, dietitians, SALTs, podiatrists, physiotherapists, respiratory nurses and social workers.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.
- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager, and renewals submitted to local authorities as needed.
- Two people had advocates that represented them and checked on their welfare. Full details were in people's care documentation.
- In the approved DoLS applications we reviewed, there were no conditions set by the local authority.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported:

- People and relatives generally gave complimentary feedback about the care and support received. They felt staff were kind and friendly, and attentive to their needs.
- One person said, "I have settled here, I have as nice room and a comfortable bed too. I love it too that my grandchildren can come in here and see me". Another person said, "The staff are excellent in every way".
- Relatives said, "She [the person] is looked after wonderfully here", "She [the person] is looked after wonderfully here" and "Everyone is very pleasant. The home always phones me with any news, if her [the person's] tablets have been changed, or if the GP has been in for instance."
- People's independence was encouraged, promoted and maintained. One person liked to help with the laundry and folded the garments. Other people liked setting up the dining room, wiping down the placemats, making sandwiches and peeling potatoes.
- Staff encouraged people who could manage their own oral hygiene. This included staff monitoring the scrubbing and soaking of their dentures.
- There were pictures of people involved in gardening. There was a raised planter box for growing flowers and cress (which was later used in sandwiches). The planter box was accessible to people who used wheelchairs.

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

- Periodic meetings were held with people and their relatives or friends. The last meeting was held in August 2018. These were well attended.
- Topics in the meetings covered staffing, activities, laundry, mealtime choices and experiences, decoration in the home and "any other business".
- The minutes from the prior meeting were read out to people, and updates provided. People congratulated a staff member that had a baby and "...were all happy with the news."
- The record showed new staff were introduced to people who used the service and other staffing updates were provided.
- The provider explained that there could be wet paint and some extra dust in the building as they were repainting some area of the service.
- The minutes recorded lots of positive phrases about each topic on the agenda. Examples of feedback included, "I like the music, chatting and quizzes" and "You can't fault the food."
- People and families were involved in care planning and review. Relatives had a section in the care documentation to record any updates or changes to the risk assessments and care plans when they visited.

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality was respected. Documents were locked away and computers

were password-protected, to prevent unauthorised access to personal information.

- People were addressed by their preferred names. They were well-groomed and appropriately dressed.
- Personal care took place behind closed doors and staff knocked and asked before they entered.
- There was polite, professional and at times jovial communication between staff and people. This encouraged people to develop and maintain positive emotions and feel content.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery of care.

The provision of accessible information:

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.

- The care notes documented that the service identified and recorded communication impairments, and steps were implemented to ensure information was provided to people in a way they could understand it.
- Care documentation explained what communication aids such as glasses and hearing aids, people required as part of their daily lives.
- Menus were being updated to include pictures of the meals and translation into other languages. This would enable people with cognitive and sensory loss, as well as people whose first language was not English to see the meal before selecting it.
- The use of pictures was widespread throughout the building. There were some important documents pinned to walls where versions were not provided in an easy-read format. For example, the complaints process was not presented in a pictorial format or with large font. The provider was informed so they could source accessible versions of the complaints process.

Personalised care:

- People continued to receive personalised care.
- The service gathered all the information from the pre-admission assessment, likes and dislikes forms, past hobbies, interests, church or religious information. Then a care plan was formulated from the information gathered.
- Key workers assigned to a set of people formulated and reviewed the care plans. Key workers are care workers appointed to take responsibility for a small group of people who use a service. People were encouraged to express all their views and care plans were updated by the keyworkers as needed.
- Changes to care plans were also informed by any information from health and social care professionals.
- A person's care plan we viewed was very detailed and spelled out each aspect of their care, for example how much she could participate in the care, whether she wanted to see the hairdresser and that she wanted to wear jewellery.
- The care plans contained detailed information that care workers could follow to provide responsive care. A person's care notes stated, "Likes to wash and dress in her room and likes to have a shower during the week. But often refuses to have a shower in her room."

Social life and recreation:

- Some people led an active lifestyle, whilst others preferred not to socialise or liked to stay in their

bedrooms.

- One person stated, "We are quite happy, but there is not much going on here". Another person said, "Each day we have our breakfast and go and sit in the living room and watch TV and go for a nap."
- Relatives had divided opinions about people's social lives. One said, "I think [the person] needs more stimulation but she resists the encouragement to join in" whilst another stated, "I think she [the person] gets enough stimulation."
- There was an activities coordinator who worked four days, flexibly across a seven-day period.
- At the time of our inspection, there was an afternoon singing session in the lounge. Song sheets containing the lyrics and printed in big type were handed to residents.
- Although some people did not participate five did join in singing some songs and one who slept during the morning, woke up and showed some enthusiasm. One person fell asleep after a couple of songs but the activities coordinator was enthusiastic in waking them up, explaining which song was next.

Improving care quality in response to complaints or concerns:

- There was an appropriate complaints management system in place. There was a complaint book and complaints form. Complaints could be logged and the resolution written down within the system in place.
- Complaints signage was in place. There was a satisfactory complaints policy.
- No complaints were received by the service leading up to our inspection.
- We had not received information of concern or whistle-blowing allegations.
- The registered manager explained the most common information of concern tended to be "niggles" from relatives about invoicing. They explained they dealt with these issues as concerns, rather than formal complaints.

End of life care and support:

- Appropriate plans were in place for people's end of life care.
- The service had recorded some people's end of life preferences.
- Some people had long-term conditions or life-limiting diagnoses which would shorten their life expectancy. People's preferences for end of life care were assessed and recorded in the "advanced care plan".
- Topics in the care plan included whether the person wanted hospital intervention, if they wanted their relatives to be contacted in the middle of the night, "music playing during the 'final' hours" (of life) and if they wanted fresh flowers or other "little touches" in the room.
- The service recorded religious and cultural beliefs, preferences for burial or cremation and any undertakers appointed. Three people's relatives did not wish to discuss death and dying at the time of admission, but the service's staff respected their choice.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Leadership and management assured person-centred, high quality care and a fair and open culture.

At our last inspection on 24 March 2016, this key question was rated "requires improvement". This was because we found evidence that the management was fragmented and that the standard of documentation required improvement. At this inspection, we found the service had taken steps to improve the governance of the service. Therefore, the rating for this key question has increased to "good".

Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements:

- Since our last inspection, a new manager had commenced and had registered with us. The registered manager was knowledgeable, experienced and capable of ensuring good quality care for people.
- The employment of the registered manager had stabilised the day-to-day operation of the service, ensuring continuity and sustainability of care governance processes.
- People, relatives and staff described the registered manager and provider as approachable and good listeners.
- A relative stated, "[The provider] always update us. I am confident it is safe here and although she [the person] wanders about, we think it is better for her. She has settled now."
- People's feedback included, "I have a good relationship with [name of the provider], I would say", "The owner is [name of the provider] and he is very nice" and "I would go to [name of the provider] if I had any problems."
- We offered the provider the opportunity to speak with us at our inspection, but they declined. However, they did engage in the feedback at the end of our inspection. They provided some feedback to us which we have used as part of our evidence.
- The provider was acknowledged by many of the people. People told us they were liked and smiled a lot. They explained they had worked at the service for twenty years. The provider also worked on a rota basis, which enabled them to work on some weekends too. This meant there was more oversight of the service, especially if the registered manager was not rostered to work.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- The service had correctly displayed our prior inspection rating conspicuously in the building and on their website.
- The registered manager failed to send us statutory notifications when DoLS were granted. They explained this was an oversight, and submitted all notifications retrospectively after our inspection.
- The service submitted all other relevant statutory notifications to us promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.

- The service had an appropriate statement of purpose. This clearly set out the aims, objectives and ethos of the service. The statement of purpose was available for anyone to access and read.
- Documentation had improved since our last inspection and there was more detail, less paper-based forms and more contemporaneous updates. The majority of people's care notes were on a computer system, accessible throughout the building.
- Duty of candour requirements were not entirely met by the registered manager and provider for a recent safety incident. The written apology and explanation of events to the 'relevant person' were not completed. The first part of the duty of candour regulation was met (a verbal apology and explanation). We provided the registered manager the opportunity to correct the matter after our inspection, and this was completed.
- A good range of audits was used by the service to measure safety, people's welfare and the success of care.
- Key performance indicators were maintained and reviewed monthly. These covered people's physical health and wellbeing. Areas examined included the number of GP call outs, chest infections, urinary tract infections, hospital admissions, district nurse visits, deaths, and safeguarding allegations or referrals.
- The registered manager analysed the information and look at what interventions could be taken to mitigate any risks and further improve the care.
- The outcomes were discussed as part of staff meetings, and strategies put into place to prevent hospital admissions. For example, if there was an increase of urinary tract infections, staff reviewed fluid charts to check if people were well-hydrated. The results were also displayed so that staff could see whether the care improved, based on any agreed interventions.
- Other audits and checks included infection control, health and safety inspections (annual and periodic), staff feedback via questionnaires and from performance appraisals and supervisions, pressure care and falls audits, equipment checks (alarms, call bell systems, sensor matts), window restrictors and wheelchairs.

Engaging and involving people using the service, the public and staff:

- There was a positive workplace culture at the service. Staff worked well together, and there was a shared spirit of providing a good quality service to people.
- There were regular staff meetings. We saw the minutes and that staff could speak about people's care, operational issues, personnel matters or any other business.
- A "service user/family" survey was completed in December 2017 to gain people's and relatives' feedback about the quality of the service and care.
- The survey included topics such as "general appearance of home and surroundings", "friendliness and approachability [of staff]" and "atmosphere and community."
- There was a good response rate and positive feedback from respondents.
- Comment included, "Lovely efforts [by the service] for birthdays and Christmas", "We are very pleased with how [a person] has settled in at Normanhurst" and "Everyone is always friendly."
- A compliments book was kept recording comments about the standard of care.
- Examples of feedback included, "Thank you all for the care and kindness you gave mum in her final years. It gave us great comfort to know that she was being looked after by such special people", "Thank you so much for taking care of my mum. We appreciate all that you do for her. We are so happy with her care at Normanhurst", "Thank you for all the care you gave mum and for the kind gifts and good wishes when she moved. I am sure she is missing you all, but pleased to say she is settling into her new home. We will remember Normanhurst as a very special place."

Continuous learning and improving care:

- Action plans were used to track any improvements required and to record the date of completion or any outstanding actions.
- There were a variety of action plans pertaining to relevant aspects of the service's governance. Although the registered manager and provider had good oversight of the actions, there was the risk that actions may not be completed or recorded when complete.

- There was evidence of acting on issues when they arose or if the provider was informed. For example, after a fire risk assessment the provider took actions to deal with the recommendations in the report. Some recommendations were not feasible, and the registered manager contacted the local fire authority inspector to visit. The fire authority inspector found the service had taken reasonable steps to mitigate the assessed risks and was satisfied with the actions completed.

Working in partnership with others:

- The service worked with local community stakeholders.
- An example included people attending the nearby Age Concern group and having tea, participating in dancing, and meet other people in the community.
- This prevented social isolation and promoted social inclusion into the community.
- A local religious organisation visited to speak and engage with people. As the organisation's building was nearby, people also visited the centre and spoke with others there.
- School groups often visited the service. Students brought projects they had worked on and spoke with people about them and practised their Christmas plays.
- The local Brownies group attended to speak with people and read books together.