



# Inspection Report on

**Norcot**

**17 Palace Avenue  
Rhyl  
LL18 1HS**

## **Date Inspection Completed**

12/03/2024

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## About Norcot

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Alliance Care and Support Limited
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">19 December 2022</a>
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy with the support they receive at Norcot and say they like the care staff. We saw care staff provide positive reassurance and interaction and encourage people to make choices about their daily lives. Personal plans are person-centred, reflect people's needs and are reviewed regularly. There is a dedicated staff member employed to provide one to one support hours to people so they can do activities that they enjoy.

Staff feel well supported by Management. The Responsible Individual (RI) visits the home regularly to oversee management of the home and gathers the opinions of people and relatives to help to improve and develop the service, however these are not reflected in quality of care review reports. The service is well-maintained, but the service provider does not have measures in place to identify and mitigate risks in relation to the environment.

The areas for improvement identified at the last inspection for RI visits and information for staff have been met. The areas for improvement identified at the last inspection for health and safety and supporting and developing staff have yet to be met so will remain in place. New areas for improvement have been highlighted in relation to medication, policies and procedures and quality of care reviews.

## Well-being

People have control over their day to day lives and feel they are listened to and their views are considered; they contribute to decisions that affect their life. People say they can go where they want when they want. Care staff work from personal plans that are mostly written together with the person and they cater for people's preferences. People and staff are involved in improvement and development of the service during visits from the RI, but the feedback gathered is not documented in quality of care review reports. People have choice around food on offer and individual preferences are considered when needed, for example people who follow a vegan diet. Care staff listen to people's wishes and respect their space and routines. Rooms are spacious, light, and airy. Care records give staff the instruction required to support people accurately and reviews are carried out in line with regulations. Several policies and procedures in the home do not align with Welsh legislation and guidance. People have good relationships with care staff and are supported to engage in their chosen activities using their one-to-one support hours.

People are protected from abuse and neglect as care staff receive training in safeguarding. Safeguarding policies and procedures are in place, but these do not align with Welsh legislation and guidance. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. The care staff and manager are proactive and work collaboratively with support agencies. Medication practices in the home require improvement and we found staff have not received appropriate and specialist training to meet the specific needs of people living at the service.

The layout of the home supports people to achieve a good standard of well-being. People are encouraged to be independent and can get to all the rooms in the home safely. Strategies for reducing the risk to people while they move around the home are sufficient, however the person in charge has not fully identified and mitigated risks to health and safety in the environment.

## Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. People have choice of everyday decisions such as their meals and times they get out of bed in the morning. Personal plans are personalised, up to date, accurate and regularly reviewed and contain people's individual outcomes, likes, dislikes and preferences. Risk assessments are in place and regularly reviewed. Pre-assessments take place before people move to the home, these are completed by the manager and tell staff how people came to live at the home, their history, key professionals involved and diagnoses. People mostly receive care in line with their personal plans and risk assessments. Care staff are kept informed of important updates through communication books and handovers completed at the end of each shift. Care is provided in a friendly way, by responsive care staff. Relationships between care staff and people are positive. People have choice of what to eat, food smelled and looked appetising and dietary preferences are considered.

Records show people have access to specialist advice and support from health and social care professionals and personal plans and risk assessments are updated to reflect professional advice. Care staff feel that they can approach the manager if they have any concerns.

People can be satisfied that the service promotes hygienic practices as there are a range of infection prevention control policies in place, cleaning rotas for all areas of the home are in place and adequate personal protective equipment (PPE) stocks are made available. Medicines administration and storage practices in the home require improvement. Although staff administering medication are trained to do so, we saw gaps in Medication Administration Record (MAR) charts with no reasons given and PRN (pro re nata / as required) medication being administered with no rationale or guidance for staff of when it is to be given. Regular medication audits are not completed by the manager so these issues have not been identified and competency of staff to administer has not been re-assessed. The medication policy in place mentions English legislation instead of Welsh and improved storage arrangements for controlled drugs and medication that needs to be stored in a fridge is required. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

## Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. Décor in the home is fresh, bright and airy and the bedrooms and communal areas are well maintained. There is a communal lounge and dining area for people to use to socialise, and people can have privacy in their rooms if they wish. There is a laundry room for people to do their own laundry if they wish. Rooms are spacious, clean, tidy and personalised to people's own taste with belongings. People say they like their rooms and can decorate them how they like. Gardens are accessible and mostly well-maintained, with access from the main living area. People access the main home through a securely locked door and visitors have to sign in and provide identification on arrival. Those living at the home are provided with a key fob where appropriate so they can access the home freely. We observed cleaning taking place around the building throughout our visit and observed areas around the home to be clean and tidy. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People cannot be confident the service provider identifies and mitigates risks to health and safety. Records show health and safety and environmental audits are not completed so required actions are not dealt with as quickly as they could be. Routine health and safety checks for fire safety, water safety and equipment are not always completed and records show required maintenance, safety and servicing checks for the stairlifts and gas are not up to date. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The home has a food hygiene rating of three and has completed most of the recommendations cited in the report.

## Leadership and Management

People can feel confident the service provider has some systems for governance and oversight of the service in place. The RI visits the service regularly to inspect the property, check records and gather the view of people and staff, reports relating to visits show aspects of the day to day running of the service and we can see evidence of the RI identifying actions to take at these visits. People say they can speak to the manager about changes to their care and action is taken. We did not see evidence of monthly management audits of all key areas and action planning as a result. The service has gathered feedback from staff and residents at the start of this year but a quality of care review has not been completed since the last inspection; these should be completed every six months. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The provider has submitted an annual return as required by Regulation. We saw several key policies and procedures used in the home do not align with Welsh legislation and guidance, for example policies in relation to Safeguarding, medication, positive behaviour support, behaviour that challenges, and complaints, suggestions and compliments. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff. Records show new staff undergo thorough vetting checks prior to starting work in the home. Care staff receive an induction specific to their role but have not received annual appraisals and one to one supervision meetings with the manager at the required frequency. Care staff say they feel well supported by the manager and have access to training. Training is provided to staff through an online training provider but training offered is not in line with the service's statement of purpose. Training records are not regularly reviewed and updated to make sure they accurately reflect training compliance. One person living at the service has said they did not feel staff were appropriately trained in mental health, and we saw staff have had no training in mental health. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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58	The service provider does not have adequate systems in place to ensure safe storage, administration and recording of medication. Management team must ensure robust auditing of administration and storage takes place, with actions taken and lessons learned as a result.	New
80	The service provider does not have suitable arrangements in place to regularly assess, monitor and improve the quality and safety of the service. Feedback should be sought from staff and residents and a quality of care review reports in response to this feedback should be completed every six months.	New
6	The provider has not ensured service policies and procedures are aligned to current legislation and national guidance. Policies and procedures used by the service must be aligned to Welsh Legislation and guidance.	New
36	Staff have not received specialist training to meet the specific needs of people living at the service.	Not Achieved
57	The service provider must have measures in place to identify risks and take appropriate steps to mitigate the risks.	Not Achieved
73	The responsible individual has not visited the service in person, at least every three months. The responsible individual has not consistently evidenced speaking with staff, service users and/or their representatives.	Achieved
38	The provider is not holding regular staff meetings to provide opportunities for staff and management to raise and discuss relevant issues.	Achieved

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