

Napier Lodge Limited

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Inspection report

45-47 Napier Avenue
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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

Napier Lodge provides care and support for a maximum of 17 people who may live with dementia, a physical disability and/or sensory impairment. Napier Lodge is situated in a residential area of Blackpool close to the Pleasure Beach and other local amenities. All bedrooms offer single room accommodation and communal areas consisted of three lounges, a dining room and rear garden.

At the last inspection on 05 August 2014, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

We found high standards of cleanliness at Napier Lodge. One person told us, "It's so clean and tidy. I feel comfortable living here because of that." Other people and relatives added they felt safe whilst living at the home. We saw evidence staff received training in safeguarding people from abuse or poor practice. Furthermore, people's environmental and personal care safety was monitored by robust risk assessment systems.

Staff files contained evidence the registered manager had required documents to reduce the risk of recruiting unsuitable staff. People and staff we spoke with said there were sufficient staffing numbers to meet care requirements. One staff member said they had time to chat with those who lived at the home and added, "We have enough carers to care for people." The registered manager worked with external organisations to develop their workforce. Another staff member confirmed, "We definitely get enough training."

The registered manager undertook regular medication audits, completed associated risk assessments and provided staff with relevant training. We observed staff administered medicines safely. One person told us, "I get my medication right. It's important to me because it helps me sleep and the staff have never failed to give me my tablets."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Those who lived at the home said they enjoyed their meals and had a choice of what to eat. One person told us, "The food is fantastic. It's all home cooked and we can have what we want." The registered manager had effective systems to protect people from the risk of malnutrition.

We observed staff supported people with patience, compassion and a friendly attitude. They and their relatives told us staff involved them in every aspect of their support and care planning. A staff member explained, "You've got to chat with the residents whilst you're caring for them, involve them in it so we're working together." This enabled people to feel relaxed, at home and to have meaningful lives. A person who lived at Napier Lodge told us, "I'm as happy as a pig in muck here."

Care records we looked at were detailed and individualised to people's requirements. This information was then transferred to care plans and we observed staff followed agreed support in practice. This ensured responsive care planning matched people's ongoing needs.

People and their relatives said the management team proactively sought their feedback about the quality of care and the home's development. This was underpinned by regular quality audits to monitor everyone's safety and welfare. We found the registered manager acted quickly to address any identified concerns to enhance people's wellbeing.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Napier Lodge Limited

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 was planned to check 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 29 June 2017 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Napier Lodge. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. Additionally, we looked at the Provider Information Return (PIR) the provider had sent us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted other health and social care organisations such as the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Napier Lodge.

Additionally, we spoke with a range of individuals about this home. They included three people who lived at Napier Lodge and two relatives. We further discussed care with the registered manager and four staff members.

We looked around the building to check environmental safety and cleanliness. We also spent time reviewing records. We checked documents in relation to three people who lived at the home and three staff. We looked at records about staff training and support, as well as those related to the management and safety of Napier Lodge.

Is the service safe?

Our findings

People told us the staff and management team maintained their safety whilst they lived at Napier Lodge. One person said new door code boxes had been installed to protect people who lived with dementia. They added, "I feel we're very safe as a result because I can still go out, I have the door code, but it means people who have a DoLS (Deprivation of Liberty Safeguards) are kept safe." Another person added, "I am safe and secure here, no worries there." A relative commented, "Yes, [my relative's] safe here. It helps me to relax knowing she's in good hands."

We found the registered manager supervised people's environmental and personal care safety. For example, they had checked risks to people from receiving unsafe care and introduced risk assessments to manage them. This included support to prevent, for instance, weight loss, falls, behaviour that challenges, personal care, mobility and nutrition. Furthermore, records of accidents and incidents we looked at outlined details of the event, any injuries and action taken. We also saw evidence the management team reviewed accidents to reduce their recurrence.

The registered manager had a variety of required checks to safeguard everyone's welfare at Napier Lodge. For example, they had cleaning records in place and ample supplies of personal protective equipment to maintain good standards of infection control. We observed the home was clean and tidy. We also saw window restrictors in place were secure to reduce the risk of injury to people. The service's electrical, gas and legionella safety certification was up-to-date.

Staff records we looked at confirmed they received training in safeguarding people from abuse or poor practice. When we discussed this with them, they showed a good understanding of related principles. A staff member told us, "I would report any concerns to the manager and contact CQC." The management team had an up-to-date 'safeguarding file' to record an analysis of incidents, actions completed and meetings held. This gave them oversight of the safety of their procedures.

Staff files contained evidence the registered manager had required documents to reduce the risk of recruiting unsuitable staff. This included, background checks, review of a full employment history and references. People and staff we spoke with said there were sufficient staffing numbers to meet care requirements. One person commented, "Oh yes, there's always plenty of staff around." A relative told us, "I think there's enough staff, certainly to ensure [my relative] is safe."

We observed a staff member concentrated on one person at a time when they administered medicines. They did so patiently and explained the purpose of the medication. They were clear about what to do if people refused their medicines and the importance of following their wishes. The staff member explained, "We always ask the resident if they want their regularly prescribed painkillers because they might not want them. It's their choice." The registered manager undertook regular medication audits, completed associated risk assessments and provided staff with relevant training. This helped to maintain safe procedures.

Is the service effective?

Our findings

We asked people and relatives about staff experience and training and received positive comments about their care. One person said, "They know what they are doing and are well trained." A relative told us, "There's lots of courses going on, so I think the staff are well trained."

In addition to achieving nationally recognised qualifications, the registered manager worked with external organisations to develop their workforce. This included the care certificate, which covered such areas as person-centred care, communication, first aid and environmental safety. Moreover, staff received supervision and appraisal to support them in their roles. A relative told us, "The staff know what they're doing. [My relative] had a new standing hoist and the staff were competent when they used this."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had related training and showed a good understanding of the MCA. Care records we looked at confirmed staff completed correct procedures to deprive people of their liberty to protect them. A relative told us, "Even though my [family member] is under a DoLS, they check with her first what she wants before they do anything."

We found care records also contained evidence people or their representatives had signed consent to their care and support. A person who lived at Napier Lodge commented, "They're interested in me as a person. They ask what I want to do and what I want to eat." We observed staff respected people's decisions before they supported them.

We observed staff promoted lunch as a social occasion and supported them with a discreet and caring approach. Those who lived at the home said they enjoyed their meals. One person told us, "I love my meals. There's always a choice if I don't like what's on the menu." The registered manager had effective systems in place to protect people from the risk of malnutrition and poor food safety. These included regular weight checks, monitoring charts and risk assessments. We found staff had training in the safe management of food preparation and hygiene.

Staff worked closely with other healthcare professionals to maintain people's continuity of care. They retained detailed records of appointments and visits by, for example, occupational therapists, hospital and community services, district nurses and GPs. We saw effective communication systems, such as updated care planning and medication changes, meant staff were informed about each person's ongoing needs. An individual who lived at the home told us, "As soon as I am unwell they get a doctor's appointment or the GP comes out. They're very good like that."

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind in their approach. One person said, "The staff are lovely and really care about us as people." Another person added, "We chat a lot about what I used to do and the staff are very interested." A relative stated, "The girls really care about me as well as my [relative]. They feel like my extended family."

We observed staff supported people with patience, compassion and a friendly attitude. A relative told us, "They understand it was hard for me to place [my relative] in a home and encouraged me to visit any time. I can even come and have meals with my [relative]." Staff made good use of touch, eye contact and humour when they interacted with people and we saw this helped them to relax.

People and relatives told us staff involved them in every aspect of their support and care records. One relative said, "We have lots of discussions about my [relative's] care. They recognise I know her best and are really keen to know her and who she is." Care records contained information about each person's wishes and preferences and support was aimed at maintaining their dignity and independence. A person who lived at Napier Lodge told us, "We have such a laugh, but they also have a dignified manner to caring for me." We saw staff knocked on people's doors before entering and closed them when providing personal care in order to maximise their privacy.

Staff and the management team respected people's human rights as specified under the Human Rights Act 1998. For example, they upheld Article Eight of the act to ensure each person and their relatives had a 'Right to respect for private and family life.' We found a couple had moved to Napier Lodge and the management team had been creative in supporting their relationship. For example, they retained one of their rooms as their bedroom and utilised the other as a private lounge for them. One of the couple told us, "They really respect our basic rights and give us privacy to continue to have our right to a married life. They check on us, but they don't intrude."

Is the service responsive?

Our findings

People told us staff assisted them in ways that enhanced their lives and experience of living at the home. For example, one person said, "I have improved dramatically since I moved care homes. That's because the staff have been so good at their jobs." A relative stated, "They discussed [my relative's] care with me before she came in so they knew what she would need."

Care records we looked at were detailed and individualised to people's requirements. The registered manager completed assessments of their needs to guide staff to provide the best possible care. These covered, for example, personal care, social needs, nutrition, mental and physical health, medication and medical conditions. This information was then transferred to care plans and we observed staff followed agreed support in practice.

Furthermore, care records contained information about people's preferences whilst living at Napier Lodge. The registered manager checked choice around personal care, meals and drinks, preferred name, funeral arrangements, hobbies, newspaper and bedtimes. When we discussed this with staff, they demonstrated a good understanding. One staff member told us, "It's helping people to feel at ease and treating them as an individual. We ask what they want." Along with all other records, we found people's information was regularly reviewed and updated with them or their relatives. A relative commented, "We discuss [my relative's] care plan and review it regularly. It wouldn't work if we were pulling in opposite directions. I really appreciate how we do this jointly."

On our arrival, we found the management team and staff were taking people and relatives out on a dinner and show in Blackpool. We observed everyone having fun and were enthusiastic about the event. One person told us, "I'm so excited about going out for this show." A programme of activities included trips out to the zoo, skittles, games, arts and crafts, entertainers and bingo. People and their relatives said the home's provision of activities was extensive and they had plenty to do. A relative told us, "They really encourage me to be a part of the home's activities. I'm so excited about being able to out to the show today so I can have some fun and quality time with [my relative]."

Information was displayed in the lobby to assist people and visitors to understand how to make a complaint. This covered how the management team would respond and how individuals could raise their concerns with other organisations, such as CQC. The registered manager told us they had not received any complaints in the last 12 months. A person who lived at the home said, "I have no complaints, but there's lots of information about to tell us how we can do this."

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and relatives told us the home was well led and organised. One person said, "The boss is brilliant. She manages the home well and is interested in what we have to say." Another person added, "The managers are lovely and treat us very well."

We observed the registered manager was hands on in their approach and demonstrated an in-depth awareness of each person's needs and backgrounds. They told us, "I'm not one of those managers who sits in the office. I like to foster a friendly, professional atmosphere and we work really well as a team." Staff confirmed they felt the registered manager was supportive to them and worked with them as part of the team. One staff member commented, "The managers are good. They're very approachable and support us well." This was underpinned by regular staff meetings, which enabled employees to be involved in the ongoing development of Napier Lodge.

People and their relatives said the management team proactively sought their feedback about the quality of care and the home's development. One person told us there was a 'resident' forum with one person living at the home chairing the meeting. They added, "It's a very open and honest meeting and we can discuss anything." The minutes were displayed in the lobby and we saw the management team took action to improve issues raised. This person added, "The managers are keen to get our feedback and foster an open, trusting culture." We looked at a sample of satisfaction questionnaires and found these were positive and complementary responses. Comments seen included, 'Staff were excellent, cheerful and extremely caring,' and, 'A home from home atmosphere.' Other statements included, 'Safe environment. Lovely staff. Wonderful care,' and, 'Friendly, helpful staff and a high level of care provided.'

The registered manager had procedures in place to regularly monitor the quality of service provided. These covered, for example, staff training, supervision and appraisal; care records; environmental and fire safety; nurse call alarms; housekeeping; and medication. We saw evidence the registered manager addressed any identified issues to maintain everyone's safety and welfare. For example, it was found incorrect accident logs were being used and they completed their 'improvement reporting log' to evidence when and how this was actioned.

We found the registered manager worked with other organisations, including the local authority, as part of their quality assurance. They additionally contracted the International Organization for Standardization to assess and underpin oversight processes. ISO is an international standard-setting body that measures organisations against multiple standards and systems, to ensure quality, safety and efficiency. We reviewed their report and saw they identified improvements had been made to enhance the quality of the service.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.