

Mrs Elizabeth Mary Coquelin

Norway Lodge Nursing Home

Inspection report

10-12 Reservoir Road
Prenton
Wirral
Merseyside
CH42 8LJ

Tel: 01516084000

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15 March 2017

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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

Norway Lodge is a privately owned care home that provides residential and nursing care. It is situated in Prenton on the Wirral and is a large detached house with large gardens. It is registered to provide care for up to 29 people in single and shared rooms, some with en-suite facilities. At the time of this inspection 29 people were living in the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People living at the home told us they were happy, well cared for and felt safe. Relatives visiting the home said that they were very happy with the care provided.

We saw that staff had been recruited safely with appropriate checks, including appropriate registration checks for nursing staff. We saw that staff were appropriately trained to support people with their needs. Staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

We found on speaking to staff that they were knowledgeable about support needs of people in their care. We observed staff interacting with people throughout our inspection visit and saw that people looked relaxed and comfortable in the care of staff supporting them.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found that the appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care.

We found the home to be a clean and safe. We found equipment had been serviced and maintained as required.

We saw that medication procedures at the home were safe and staff responsible for the administration of medicines had received training to ensure they had the competency and skills required.

The home had personalised care plans and risk assessments for people living at the home, these had been regularly reviewed and updated. We found people had access to healthcare professionals when health needs were identified.

People who used the service and their relatives knew how to raise a concern or to make a complaint, there were no complaints at the time of inspection. People and their relatives knew who the registered manager was and felt comfortable if they had to raise any issues.

People told us they were happy with the variety and choice of food available to them and we saw that the food looked tasty and appetising at mealtimes.

Further information is in the detailed findings below

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

Norway Lodge Nursing 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 comprehensive inspection took place on 14 and 15 March 2017 and was unannounced. This inspection was carried out by one adult social care inspector.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to five people. This included people who live in Norway Lodge and family members.

We talked with seven staff on duty over the two days including the registered manager, deputy manager and care staff. We also spoke to other health professionals.

We observed care and support for most of people who lived at the home. We reviewed a range of documentation including five care plans, medication records, recruitment and personnel records for six staff members, staff training records, and other records relating to how the home is managed. We looked at the communal areas that people shared in the home and with their permission visited people's bedrooms.

Is the service safe?

Our findings

We spoke with three people living in the home and two relatives and we asked if they felt the service was safe and they all said yes, one relative told us "They definitely look after [person] here".

We saw notice boards at the entrance of the building and in a corridor that held information about safeguarding of people in the home and actions to take if there was a concern. We spoke to the staff who were able to tell us that their training and knowledge was continually updated. Staff were also able to tell us about their whistle blowing policy and staff also told us that they would be comfortable using the process. We saw that staff had been recruited safely, appropriately and supported by the management team and we saw that staffing levels were sufficient to provide the support people needed. This included registered nurses, senior care staff and care staff.

We saw that risk assessments had been completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering support. These included falls, pressure area care and nutrition. These had regularly been reviewed and updated.

We saw that medication procedures at the home were safe and staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed the nurse on duty administering medication during the lunch time round, this was done safely. People were sensitively assisted as required and medicines were signed for after they had been administered. One person told us "They make sure you have your medication, you get it when you're meant to get it".

We looked around the home and found it was clean, tidy, well-maintained and had no offensive odours. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Personal emergency plans were in place to advise staff and the fire service on how people should be evacuated safely in the event of an emergency situation.

We saw that the building was safe and that the home had serviced and maintained equipment as required. The manager was in the process of renewing their fire risk assessment and testing for legionella. One person told us "It's very clean and organised" and a relative told us ""They're always cleaning".

Is the service effective?

Our findings

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. We found that the appropriate DoLS applications had been submitted to the Local Authority in relation to people's care. We saw how consent had been sought from people regarding various aspects of their care and support. This was done in accordance with the MCA.

We observed lunchtime during our inspection and sampled the food available. The food was hot, tasty and nutritious and all of the people we spoke to were very complimentary about the choice and quality of food available to them. One person commented, "The food is excellent." Each table had a daily menu on it so people were aware of the choices available. The cook had a good knowledge of the dietary requirements of people living in the home and we noted that staff assessed people against the risks of malnutrition.

We saw through documentation that people had prompt access to medical and other healthcare support as and when needed and this included GP, dentist and optician appointments. One person told us "If you're ill then the doctor is straight there" and a relative was able to tell us how the home had facilitated an eye appointment for their family member.

We looked at the building and grounds and found they were appropriate for the care and support provided. We saw that the home had a lift in place as well as a wheelchair lift in the front entrance area for people who were not able to use the stairs safely.

We looked at six staff files that showed all had either attended and successfully completed the provider's induction schedule within the first twelve weeks of employment or had started the Care Certificate for new staff, which was accredited by 'Skills for Care'. We also saw that all staff, including ancillary staff, had attended training required by the provider. Staff were supported through the provision of regular supervision and appraisal.

Is the service caring?

Our findings

During our inspection we observed people who lived at the home and their relatives were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. One person told us "They've all been kind to me, If I ask them anything they come and talk to me". We also spoke to relatives, one said, "As far as I'm concerned [person] gets looked after", another person said "They go out of their way for you".

We observed how staff maintained people's privacy and dignity by knocking on people's bedroom doors before entering. We saw that staff throughout the day were respectful and discreet when supporting people with personal care. Staff also addressed people using their preferred name.

During our inspection we observed that confidential information was kept secure either in a locked cupboard or in a locked office.

We looked to see if people were able to express their wishes and if they had support to help them make decisions about their care. One person told us "Oh if I want change then I only have to say" another person told us "I have the freedom of the house, I go out if I want to".

There were systems in place to ensure end of life care was always provided to the highest standard. The service was registered for the "Six Steps" programme with the focus of this being care in the last six months of life. Six steps ensures that there is open and honest communication, assessment and planning for how the person would like to be cared for at the end of their life. It ensures that the person themselves is at the heart of the discussions, with other people such as relatives and care professionals included so that people's wishes can be respected.

Norway Lodge had a welcome pack that was available to people coming into the home. This held information including an introduction to the home as well as information about visiting, safety of belongings and care plans arrangements.

Is the service responsive?

Our findings

We looked at care records of five people and saw that they were detailed and clear about the support needs of people and how they wanted their care delivered. Care plans had been completed for nutrition, mental health needs, continence, personal care and other health needs. An example of this was a care plan for a person's bone condition.

People's relatives told us that their family member's needs were met and enhanced by the care at the home and that the care was very personal and attentive to the particular needs of the person. One relative said "She's like my old mum again" and another relative told us "They [the home] see what they [the people] like and they get it for them".

The service had not recorded any complaints since the last inspection but had a complaints procedure that was clear and comprehensive. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. This was clearly displayed at the front of the building. People we spoke with told us that they would have no problem with raising any concerns and they were able to name the registered manager as the person to approach. One relative told us "I'd have no problem if I had a complaint, but they manage [person's] dementia really well".

We saw that the home held regular residents 'forum' meetings and that people living in the home felt comfortable expressing their wishes and opinions. These included opinions on food and activities. The home employed an activities co-ordinator who provided a range of social activities each day. We saw that a list of the week's planned activities was in the main corridor.

We asked if visitors were allowed at any time and the people living in the home told us yes. One person said "Visitors, oh yes they can come at any time".

We saw that each person's bedroom was personalised to them. Some people had their own telephone, coffee maker and refrigerator.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

We asked people in the home if they knew who the registered manager was and everyone was able to name them. One person told us "Oh yes [manager] listens to me" and "She's very kind and caring".

Staff told us that they felt supported in their role. One staff member told us "If there's any problem you go straight to the manager". We spoke with six staff members who were motivated to provide high quality care and who understood what was expected of them.

The registered manager had systems and resources in place to monitor quality and continue improvement. Quality and safety audits of areas such as care plans, medication and health and safety were completed on a regular basis. There had also been audits from external bodies such as food standards and infection control where the home had scored very highly.

The service continually worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians. The service also ensured the people living in their home were able to get access to medical care as soon as it was needed, an example being that the nurses in the home had been trained to use syringe drivers so that those people needing pain control could have immediate access to the service.