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# Norlands Nursing 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

Norlands Nursing Home is a care home providing personal or nursing care to for up to 21 older people, people living with dementia, people with a learning or physical disability and people with mental health needs. At the time of inspection, there were 17 people living at the home. There were 3 single rooms and nine shared rooms at the home.

### People's experience of using this service and what we found

People felt safe living at the home. Improvements had been made to the management of medicines and the registered manager had oversight of the safe management of medicines. People had appropriate risk assessments in place and staff were aware of strategies to manage risk. Staff were aware of what action to take following any safeguarding concerns. Staff told us they felt confident to report any concerns and that they would be acted upon.

People were assessed to ensure their needs could be met while living at the home. People were very complimentary of the meals and we observed staff to be attentive and patient with people who required help with eating and drinking. People with alternative dietary needs were catered for. Staff were inducted into their job role and received regular training. The home worked in line with the Mental Capacity Act 2005.

People felt well cared for and there were kind interactions between people and the staff team. The staff could describe the most appropriate way to care for people and were aware of people's likes and dislikes. People told us the staff were responsive.

Care plans were person centred and the addition of a one-page profile gave detailed information to staff. Care plans were regularly reviewed and a relative told us they had been involved in formulating the plans. Activities were varied, and we observed people joining in throughout our visit. The home had not received any complaints since the last inspection. People told us they knew who to complain to and felt they could make a complaint if they needed to. People could be supported to remain at the home, if that was their choice, at the end of their life.

The registered manager and the provider were actively involved in the running of the home. Staff felt supported by both and were very complimentary about the management of the home. Improvements to audits across the home gave the registered manager a clear oversight and allowed them to make improvements where needed. Both the registered manager and the provider were aware of their responsibilities of their registration.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 July 2018) and there were breaches

of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Norlands Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

Norlands Nursing 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we looked at notifications the provider had sent us and spoke with the local authority who did not provide any concerning information.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with the registered manager and the provider. We spoke with one nurse, three staff members, four people living at the home and one relative.

We looked at three care plans and associated records, three people's medicines records and medicines. We looked at information in relation to the health and safety of the home, the meal time experience and activities. We also looked at audits to monitor and improve the home. We reviewed three staff recruitment files and supervision and training records.

We 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This meant people were safe and protected from avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

At our last inspection, we found people's allergy status was not always recorded on medicines administration records and the temperature of the medicines room was not being recorded to ensure medicines remained at the appropriate temperature. Also, one person did not have a cream chart in place to identify the location of the cream to be used and the management of as required medicines such as pain relief was not effective. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Additionally, we found information to evacuate people in an emergency was not always accurate. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 and regulation 17.

### Using medicines safely

- People received their medicines as prescribed from a trained nurse. People told us they felt safe when being assisted with their medicines and one person told us, "Oh yes, I get them on time, they are due soon."
- Medicines administration records (MAR) were fully completed and recorded people's allergy status. There were additional prompts for the nursing staff booking in medicines to check the allergy status was being clearly recorded.
- Where people were prescribed creams, a cream chart accompanied the MAR to identify where the cream needed to be placed. The staff member applying the cream, signed to say they had done so.
- People had access to a wide range of homely remedies for example, paracetamol and cough linctus. The use of any homely remedy had been authorised by the GP for each person.
- We reviewed the boxed medicines for three people and found the stock levels were correct. The medicines were regularly audited by the registered manager to assure themselves they were being safely administered as prescribed.
- Nurses were trained to administer medicines and had regular competency checks on their ability to do so. Staff also completed medicines training as part of their learning.

### Assessing risk, safety monitoring and management

- Risks to the safety of the home were regularly monitored and reviewed.
- The home had a fire risk assessment in place and staff were aware of the procedures to evacuate people in an emergency. We saw the fire officer had recently visited and raised areas for improvement which had been acted upon.

- Personal evacuation plans were in place for people who needed assistance to evacuate the building in an emergency. Plans were regularly reviewed to ensure they reflected people's current needs. Staff could describe what action they would take to evacuate people in an emergency.
- Risks to people were assessed, monitored and reviewed. Where people were placed at risk, appropriate strategies were put in place to mitigate the risk. People were monitored for risks of falls, choking, skin integrity and malnutrition. Staff were able to describe the risks each person presented and the strategies in place to reduce each risk.
- The provider had oversight of the external health and safety of the home. Regular maintenance checks were completed by professionals on the stair lift, firefighting equipment, gas, electrical and water safety. Internal checks were also completed on fire alarms, emergency lighting, nurse call alarms and water temperatures.

#### Staffing and recruitment

- Staff were recruited safely and had the appropriate pre-employment checks in place before commencing employment.
- People and the staff team told us they found staffing levels to be good. The rota also reflected a consistent staff team. The staff team had worked at the home for many years and it was clear they enjoyed their jobs and felt valued.
- The staff team was varied and experienced to support the people living at Norlands Nursing Home. By speaking to staff, they told us, they are comfortable working with each other but know they could challenge anything concerning if necessary.

#### Systems and processes to safeguard people from the risk of abuse

- People and a relative told us they felt safe while living at the home. A relative was extremely complimentary on their loved one's safety and told us, "The staff have recognised strategies to keep [name] safe that I didn't realise, it's been wonderful to move [name] here, I cannot thank them enough."
- Staff received training and were aware of what action to take should they suspect abuse was occurring. Staff told us, "Absolutely, [provider] wouldn't stand for it" and "Yes, I would report it, I would have no hesitation."
- Staff could describe signs and symptoms of abuse and they were aware of the whistle blowing policy to protect them should they need to raise concerns. All people, the relative and staff, we spoke with, were confident they could raise any concerns with the registered manager and provider and would be listened to and they would be acted upon. One person told us, "I have a laugh with them, pull their leg but know I could tell the staff anything if I was unhappy."
- All safeguarding concerns had been raised appropriately with the local authority and the Care Quality Commission.

#### Preventing and controlling infection

- The home was clean and well maintained.
- There was personal protective equipment (PPE) such as aprons and gloves available across the home. We saw staff use equipment as they needed.
- The staff received training in infection, prevention control and were aware of their responsibilities such as using PPE and reporting any concerning information relating to people's health and the cleanliness of the home.
- The registered manager completed audits on hand hygiene, mattresses and cleanliness to ensure a high standard was adhered to.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to ensure the correct action had been taken and to ensure the risk of it occurring again was reduced.

# Is the service effective?

## Our findings

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

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

- People received a thorough assessment of their needs prior to moving into the service, People and their relatives were invited to look around and view their potential room before making any decisions.
- The assessment highlighted the needs of the individual and any interventions from other medical agencies such as needing oxygen. This ensured everything was in place before the person moved in.

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the home. Staff we spoke with confirmed this and a copy of the induction record was stored in staff personnel files.
- Staff received training suitable for their job role which was regularly updated. Staff told us, the training was good and equipped them to carry out their role. Nurses received additional training to complement their clinical skills. We spoke with the registered manager and provider about assessing the nurse's clinical competencies, which were up to date but would need reviewing by an appropriate professional. The provider assured us, the appropriate person would be sought when the competencies were due. We will review this at our next inspection.
- The staff team had varied paid and life experiences of working with vulnerable people in social care. It was clear from our inspection, the team worked together, and our observations were the staff team knew where they needed to be and when to ensure people received the right level of support when they needed it.
- Staff told us and we saw they received regular supervision from the senior team and the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy and nutritious diet. The menu was varied, and people told us, they could change their mind and ask for an alternative if they didn't fancy the options on the day's menu. Menus were also available in pictorial format to help people make decisions on their chosen meal.
- We observed and engaged in the lunchtime experience and found the atmosphere was calm and enjoyable. The food smelt and tasted delicious with all meals being home cooked on the premises
- While the dining room was small, there were plans to extend which we will review at our next inspection, however people also sat at suitable over chair tables and enjoyed the fuss staff made over them at meals times. We observed staff checking people were enjoying their food and offering help and support.
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- People who required assistance with eating and drinking were helped with patience and dignity. One

person was supported slowly eat their food to avoid any risk of choking.

- Where people required a modified diet to enable them to swallow or needed to support with weight management, this was captured in their care plan. Staff were able to describe what help people needed and had received training to use fluid thickeners. People had their food fortifying to help them help and retain their weight, and weights were regularly monitored.
- Comments about the food were, "I can have a full English, I can have toast, I can have what I want" and "The food is lovely, ask [provider], she'll give you whatever you want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were registered with a local GP and told us they could see a GP if they needed to
- People were support to attend appointments in and away from the home and outcomes from appointments were recorded in care files.
- The home had good systems in place to ensure medicines were reordered in a timely manner and replenishments of oxygen as needed.

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

- The home had two communal lounge areas and access to the first floor was via stairwell or chair lift. The provider plans to extend the home which would see the addition of a passenger lift within the extension.
- Bedrooms had access to a sink and commode and were furnished with fitted wardrobes and single beds. Shared bedrooms also had single beds and a privacy screen.
- Corridors were wide and clear for people with mobility difficulties to access. The lounge, dining area and gardens were fully accessible. The garden area was large and quiet and people were supported to access it when they wished to.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who were being deprived of their liberty were done so under the Mental Capacity Act.
- People had their capacity assessed and where concerns were raised about particular decisions, appropriate referrals were made to the local authority to deprive the person of their liberty.
- People and the families were included as far as possible in decisions about people's care and support and decisions to deprive people of their liberty were made in their best interests.
- All decisions and any restrictions placed on people were recorded in care plans and staff could describe if people had any restrictions in place.

- A tracker was in place to give oversight to the registered manager as to where DoLS authorisations were due to expire and to enable them to be reviewed in a timely manner.

# Is the service caring?

## Our findings

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind, caring, friendly and nice staff. We witnessed kind interactions, playful, appropriate humour and caring moments throughout our inspection which included settling a person who was becoming upset and wanting their parents.
- Comments included, "She's the best one of the lot (points to staff member)"; "The staff are very nice, [provider] and [registered manager] are nice, I am so happy here" and "They [staff] are lovely, I really feel looked after." A relative told us, "I can't believe I found this place and what they have done for [name], they have changed her life."
- We observed people who could not communicate and saw staff speaking to them and while encouraging them to receive food and drink. We observed staff carefully brushing people's hair and ensuring people were dressed appropriately and were sat comfortably in their chosen place.
- People were encouraged to maintain relationships with their family and friends and we observed staff chatting away to families, appropriately.
- Staff could describe the ways they supported each person in detail, from using the persons preferred toiletries to ensuring they had their favourite evening tipple.

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

- People and relatives were encouraged to be involved with planning their care, taking into consideration people's personal choices and preferences. One person told us they were involved in planning for their care as soon as they moved into the home and they were asked about their preferences and how they want to be supported.
- A relative told us they were continually kept up to date with their relative's progress and felt the home had worked around their relatives needs to enable them to settle quickly.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocking on people's doors and gaining consent to enter. Staff ensured curtains and doors were closed when delivering personal care and told us, they always informed people what they were doing when undertaking any personal care tasks.
- People were encouraged to remain as independent as possible. We observed a staff member encouraging one person to use a spoon as they were struggling with other cutlery, this enabled the person to continue to remain independent when eating.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This meant people's needs were met through good organisation and delivery.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had detailed care plans in place to enable staff to effectively care for them. The care plans were now accompanied by a one-page profile which gave easy read, pictorial information about peoples, likes, dislikes and preferences and information on the appropriate ways to support people. Staff told us they were able to read the care plans and were regularly updated through one to one and supervision of any changes.
- Care plans were person centred and were regularly reviewed.
- Care files had been improved since the last inspection and now only contained up to date information as well as information on people's life history.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was presented to people in alternative format such as large print. There was a variety of information for people in the reception area and staff told us they would read information to people at their request.
- There was signage used around the to identify rooms and areas. The signage was 'dementia friendly' and displayed the name of the room. Dementia friendly signage uses a combination of colour contrast theory, light reflectance, pictorial images and words to aid understanding.
- There was pictorial information displayed in the dining area for menus. There was also some pictorial information available about the range of activities on offer.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to attend activities of their choice. We saw there was a range of jigsaws and table top activities, bingo, reminiscence, storytelling and music. People who were able to take part in the more active, activities were spoken to in one to one time, given a hand massage or simply had their hand held and or hair brushed for relaxation and reassurance.
- There was access to WIFI throughout the home and one person told us, they had ordered super WIFI hub to enable them to have a quicker speed as they loved online shopping. The same person also used an

Amazon Alexa to ask questions and play music.

- People enjoyed going out with one person telling us, they love going to the hairdressers. We saw photos of a trip to the seaside and staff were planning another trip for this year.

Improving care quality in response to complaints or concerns

- People and a relative told us, they would be confident in raising any complaints with the provider or registered manager. A relative told us they found the management team very open and real and felt they would be listened to.
- There had been no complaints made to the home since the last inspection.

End of life care and support

- People were able to be supported at the home should they be at the end of their life.
- The home was registered with the Six Steps End of Framework which supported the staff's knowledge and understanding of dignity in dying. There was also links with the palliative care team for end of life support.
- Where people had made decisions for example, where they did not wish to be resuscitated, this was clearly documented in the care plans and staff were aware of who was and wasn't for resuscitation. Any decisions made had been agreed with the GP and next of kin or family where appropriate.
- People had documented information on how and where they would like their funeral to be. The registered manager was aware this was a difficult conversation to have with people and their families and approached it with sensitivity.

# Is the service well-led?

## Our findings

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

At our last inspection, we found systems for audit, quality assurance and questioning of practice were disorganised we were not assured oversight was being maintained. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

### Continuous learning and improving care

- Since the last inspection, audits of the home had improved to give the provider and registered manager complete oversight of the service. Audits were regular and included the health and safety of the home, medicines, housekeeping and care plans. Where audits highlighted a need for improvement, we saw actions were taken in a timely manner.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home had a registered manager in post who was registered with the Care Quality Commission. The registered manager understood their responsibilities of their registration and told us they were keen to improve the home for everyone living there. We noted the improvements that had been made from the last inspection.

- The staff team told us since the new registered manager had been in post, they had, "learned loads" and felt the registered manager has instilled confidence in the staff team. Comments from staff included, "[Registered manager] has been a godsend and changed things for the better." And "I feel I could go to [registered manager] or [provider] at any time and raise anything and I will be listened to."

- The provider had been awarded Investors in People award which is an award for developing and supporting staff.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a lovely, calm atmosphere. The management and staff team were observed to be welcoming to people, visitors and ourselves and were proud to care for the people whom lived at Norlands Nursing Home. Staff told us, they were "well looked after" by the provider and registered manager and ensured they treated people with the dignity and respect, they would want for their own family member.

- The provider and registered manager understood the importance of getting to know people and their needs and it was clear throughout our inspection, the staff knew people well and were able to interact and attend to people in a timely way.
- The home had received many compliments from people and their relatives, thanking them for their care and support. Comments included, "The staff here are the nicest I've ever encountered" ; "The care provided is very high quality" and "The staff are courteous and polite."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities under duty of candour and had sent all notifiable incidents to the Care Quality Commission (CQC). They both were keen to stop concerns escalating and had an open-door policy and we frequently saw people and families pop in to see them throughout our visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw people were regularly involved in meetings about the running of the home, this included looking at activities, checked people were happy with the temperature of the home and gaining feedback about the food and meal time experience. Where people made comments, for example, wanted to try a different food or meal, this was actioned by the provider.
- Feedback was regularly gained from staff which was wholly positive, especially about the management and training. We saw feedback from people and their relatives hadn't been gained since the last inspection. However, we saw this was about to be undertaken and we will review this at part of our next inspection.

Working in partnership with others

- The registered manager worked with the local authorities to facilitate and implement actions from audits.
- The home engaged with professionals to gain advice and support to ensure best outcomes for the people they support.