

Mrs Elizabeth Mary Coquelin

Norway Lodge Nursing Home

Inspection report

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Date of inspection visit:
07 October 2019

Date of publication:
31 October 2019

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

Norway Lodge Nursing Home is a residential care home providing personal and nursing care to a maximum of 29 people aged 65 and over. At the time of the inspection the service was supporting 26 people. Some rooms were shared. Care was provided over three floors for people with complex healthcare needs and those living with dementia.

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

People had no concerns about their safety at the service. Risk was effectively managed. People's records contained information about risks to their health, safety and wellbeing. Staff understood the risks posed to people and how they should support people to keep them safe. Staff were safely recruited and deployed in sufficient numbers to meet people's needs. Staff followed a safe process for the storage and administration of medicines. People told us they received their medicines regularly. The service was noticeably clean and free from obvious odours. The service had a clear process in place to record and analyse incidents and accidents. Information was used to improve safety and quality.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood the principles, of the Mental capacity Act 2005 (MCA) and people were supported wherever possible to make their own decisions.

Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care. Staff were appropriately trained and supported to provide effective care. People were given a good choice of nutritious food and drinks. Staff and managers worked effectively with healthcare professionals to ensure that people received the care they needed; such as involving GPs and other healthcare professionals in making important decisions.

People and their relatives spoke positively about the way care was provided and the attitude of staff. We saw and heard examples of staff treating people with kindness, compassion and respect. Staff knew people and their needs well and used personal information to engage and encourage people.

People's individual needs and preferences were met by the service. Care records contained detailed information about people's histories, likes and dislikes. Staff used this information effectively to provide individualised care and support. People were supported and encouraged to take part in a range of activities and to build relationships. Complaints were addressed in accordance with the provider's policy and best-practice guidance. Norway Lodge provided end of life care in accordance with a recognised standard.

There a positive learning culture where people were supported to reflect on performance and improve practice. The registered manager and provider monitored the provision of care and the environment to further improve people's experience of receiving care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 12 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Norway Lodge 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 was conducted by an 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.

Norway Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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.

Notice of inspection

This inspection was unannounced and took place on 7 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including registered manager, a nurse, an administrator, two care workers and the chef. 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.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People had no concerns about their safety at the service. One person said, "They have good security, the staff make me feel safe."
- Staff were trained to safeguard people from abuse and were able to clearly explain their responsibility to report concerns.
- Information was available for people, visitors and staff about how they could confidentially report any concerns they had about a person's safety and wellbeing.

Assessing risk, safety monitoring and management

- Risk was effectively managed. People's records contained information about risks to their health, safety and wellbeing. Staff were given guidance about how to manage these risks to reduce the risk of people being harmed or injured.
- Staff understood the risks posed to people and how they should support people to keep them safe. We saw staff did not rush people when supporting them which helped reduce the risk of people falling or sustaining an injury from poor moving and handling practices.
- Senior staff reviewed information about people regularly to check plans remained effective.
- Staff on each shift had been trained to deal with emergency situations and events to reduce the risk of harm to people and to themselves.
- The provider undertook regular health and safety checks of the premises. However, during the inspection we identified a risk because not all fire doors operated safely following a recent upgrade. We reported this to the registered manager and immediate action was taken to rectify the issue.

Staffing and recruitment

- Staff were safely recruited and deployed in sufficient numbers to meet people's needs.
- Most people and relatives spoke positively about staffing levels. Staff answered call bells promptly and responded quickly to people's requests for help. However, some people commented there were occasions when staff were very busy.
- The provider carried out appropriate checks on staff that applied to work at the service. These checks helped them make sure only suitable staff were employed to support people.

Using medicines safely

- Staff followed a safe process for the storage and administration of medicines. People told us they received their medicines regularly.
- Medicines were administered by registered nurses and senior care staff. They completed regular refresher

training and had their competency assessed.

- Medicines' records were sufficiently detailed to instruct staff on safe administration. PRN (as required) medicines were supported with an appropriate plan to indicate under what circumstances they should be administered.
- Audits were completed on a regular basis to ensure safe practice was maintained.

Preventing and controlling infection

- The service was noticeably clean and free from obvious odours.
- Staff understood the risk of infection and made good use of the personal protective equipment (aprons, gloves and hand-gel) provided.
- There was a robust cleaning schedule and dedicated staff to complete essential tasks.

Learning lessons when things go wrong

- The service had a clear process in place to record and analyse incidents and accidents. Information was used to improve safety and quality.
- Incident and accident forms were completed in sufficient detail to aid analysis. Each form was checked by a senior member of staff and analysed to help reduce risk in the future.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.
- Assessments were sufficiently detailed and reviewed regularly and when people's needs changed.
- Recognised guidance and information regarding the management of falls, pressure care and nutrition was available to staff and used appropriately.
- People's outcomes were good. People living at Norway Lodge and their relatives spoke positively about the impact of the care received. One person commented, "They made sure I was rushed into hospital and without them I wouldn't be here to tell the tale."

Staff support: induction, training, skills and experience

- Staff were appropriately trained and supported to provide effective care.
- Before they started staff completed training and had their competency assessed in accordance with recognised standards for care staff.
- Staff were also given regular additional training to improve their skills and knowledge.
- Staff told us that they felt well supported. Records indicated that staff received regular group and individual supervision.

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

- People were given a good choice of nutritious food and drinks.
- People we spoke with told us they enjoyed the food at the home and confirmed they had a good choice of meals and snacks. One person told us, "They come and ask you every day, and if you don't like it you can have something else."
- The mealtime experience was relaxed and people were given plenty of time to finish their food.
- We saw different meals served during lunch. People with specific dietary needs were supported in accordance with their needs and preferences.

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

- Staff and managers worked effectively with healthcare professionals to ensure that people received the care they needed; such as involving GPs and other healthcare professionals in making important decisions.
- Staff were aware of people's individual healthcare needs and were able to explain how they met these needs through the provision of care, support and activities.

- We saw staff working closely with visiting healthcare professionals to provide them with an update and record any information provided.

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

- Norway Lodge is a former domestic property which was bright and homely.
- The provider and staff had worked effectively to ensure that the layout remained suitable for people as their needs changed. For example, some carpeting had been replaced with vinyl to improve hygiene and cleanliness.
- Shared rooms were adapted to maximise people's privacy and were only used when people had expressed a preference to share.

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 obtained consent for people's care and support.
- Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, staff completed mental capacity assessments and the best interest decision making process was followed and documented.
- DoLS applications had been made when required.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 and their relatives spoke positively about the way care was provided and the attitude of staff. Comments included, "They all do what they have to do, and some go the extra mile." and "I would say they are (caring) I haven't had a problem with any of them."
- We saw and heard examples of staff treating people with kindness, compassion and respect. Staff knew people and their needs well and used personal information to engage and encourage people. For example, to encourage them to eat at mealtimes.
- People's faith or culture needs were supported appropriately. For example, the service regularly hosted a priest and a vicar to meet people's religious needs.

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

- People and their relatives were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular meetings.
- Staff discussed decisions with people and offered choices throughout the inspection. One relative told us, "In general they talk to [family member] and help."
- Important decisions were recorded in care records and reviewed regularly.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was supported by the way care was provided. Staff supported people to maintain their independence by encouraging them to do as much as they could for themselves. One person said, "I shower and shave and dress myself, when I first came in I couldn't do that."
- Staff supported people with their personal care needs in a discrete and sensitive manner. Staff told us how important this was to people and explained how they supported people's right to privacy at all times.
- Care plans were present for a range of personal care needs including bathing and oral health.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's individual needs and preferences were met by the service.
- Care records contained detailed information about people's histories, likes and dislikes. Staff used this information effectively to provide individualised care and support. For example, one record contained important information about applying make-up and dress preferences.
- People were given choice and control in the way care was provided. When they refused care, staff were respectful of their decision, but remained mindful of meeting people's basic needs. For example, when one person refused a drink staff checked how much fluid they had consumed and then encouraged them to drink more.
- Care records were regularly reviewed and updated as people's needs changed.

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.

- People living at Norway Lodge had different communication needs according to their health conditions. Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. For example, one person who had a hearing impairment refused to wear a hearing aid. Staff were instructed to place themselves directly in front of the person and speak slowly and clearly.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to take part in a range of activities and to build relationships.
- The service employed an activities coordinator who organised individual and group activities. The activities were developed in response to people's needs and wishes and made use of both indoor and outdoor space. A relative commented, "They will sit and watch [their] films with [person] or take [person] down to the lounge when they have entertainers on."

Supporting people to develop and maintain relationships to avoid social isolation

- People and their families spoke positively about the service and how they were made to feel welcome. This helped people to maintain important relationships. One person was supported by staff to maintain contact with a family member by using an iPad.
- Comments in the most recent survey were positive. One person said, "The staff are very attentive. They hold doors open for you. [Ask] whether you would like tea or coffee, sometimes a sandwich."

Improving care quality in response to complaints or concerns

- Complaints were responded to in accordance with the provider's policy and best-practice guidance.
- There had been no formal complaints in the previous 12 months.
- None of the people that we spoke with had made a complaint recently. They each said that they would feel comfortable raising issues with any member of staff.

End of life care and support

- Norway Lodge provided end of life care in accordance with a recognised standard.
- The six steps programme was implemented to ensure people were safely monitored and supported towards the end of their life.
- Where people had expressed a preference, care records contained information about their end of life wishes. Staff told us the information was used to support family members and to make individual arrangements.

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.

At the last inspection this key question was rated as Good. At this inspection this key question the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive learning culture where people were supported to reflect on performance and improve practice. For example, in relation to moving and handling practice.
- People had good outcomes and their health and wellbeing was prioritised by the service. People and their relatives told us the care they received had a positive impact.
- The registered manager and provider monitored the provision of care and the environment to further improve people's experience of receiving care.

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 understood their responsibility to share information when care had not met the expected standards.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. Family members, the local authority and CQC had been notified accordingly.

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

- Each of the staff we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- Notifications regarding important events had been submitted as required.
- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- The response to issues raised during the inspection was positive and immediate.

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

- The provider regularly engaged people using the service, their relatives and staff through, surveys, meetings and informal discussions. People said communication with the management team was good.
- People were provided with information about Norway Lodge in the form of a welcome pack. Information was available in a number of formats and different languages if required.
- The service had good links to the community including places of worship and healthcare services.

Continuous learning and improving care

- The provider placed continuous learning and improvement at the heart of their practice. They made use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.
- Lessons learnt from incidents and accidents in other services were shared with managers and staff to improve practice.

Working in partnership with others

- The service worked effectively with internal and external partners to develop practice. The service was represented at local support and service development forums.
- There was clear evidence of working with healthcare professionals and commissioners to improve outcomes for people. We received positive feedback from health and social care professionals who worked with Norway Lodge.