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Norlands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected Norlands nursing home on 10 March 2016. The inspection was unannounced. The service was last inspected in May 2014 when the home was found to be meeting all legal requirements.

Norlands nursing home provides accommodation and nursing care and is registered for 21 older people including those living with dementia. The accommodation is over two floors. On the day of the inspection 20 people were receiving care services from the provider. The home had an experienced registered manager who had been in post for several years. 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.

At this inspection we found that people who used this service were not always safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. However issues regarding the recording of medication could place people at risk.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. One person who used the service told us, "It's such a homely place, the owner and staff are lovely."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work with vulnerable people. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. Staff were well supported through a system of induction, training, supervision, appraisal and professional development.

There was a positive culture within the service. This was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a formal quality assurance process in place. This meant that aspects of

the service were formally monitored to ensure good care was provided and planned improvements were implemented in a timely manner. We found that the audits carried out did not always identify discrepancies and areas for improvement in relation to records. There were good systems in place for care staff or others to raise any concerns with the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication, although appropriately stored and dispensed, was not always accurately recorded.

Is the service effective?

Good 

The service was effective.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were applied appropriately.

People had plenty of choice of nutritious food and fluids throughout the day.

Staff received supervision and appraisal.

People were supported by staff who had the skills and knowledge to meet their needs.

Is the service caring?

Good 

The service was caring.

Staff knew people well and what their preferred routines were.

Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

People received personalised care that was responsive to their needs.

People were able to take part in a range of activities.

People said they would feel comfortable to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

Staff were provided with support and guidance to provide a high standard of care.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes.

Norlands 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 inspection took place on 10 March 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before we visited the home we checked the information that we held about it. We reviewed the home's statement of purpose. The statement of purpose is an important part of a provider's registration with CQC and a legal requirement. It sets out what services are offered, the quality of care that can be expected and how the services are to be delivered.

We looked at the notifications that the home had sent us. A notification is information about important events which the provider is required to send us by law. We looked at the report of the previous inspection held in May 2014.

We spoke with five people who lived at the home. We also spoke with the registered manager, nominated individual, three care staff and the cook. We reviewed the care records for six people who lived at the home and the files for six members of staff. We also reviewed management records on complaints, premises and quality.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, "I definitely feel safe here, it's a smashing place." Another person said, "This is a wonderful place, yes I am safe here."

Staff knew how to keep people safe and protect them from harm. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would report any suspected abuse to the manager immediately." Another member of staff told us, "I know that I could report any concerns to the manager or owner. If I felt the manager had not acted on it I would go outside to the council or CQC." The registered manager clearly displayed an independent helpline for staff, people or relatives to call if they had any safeguarding concerns, as well as their whistle blowing policy. Staff said they would follow the guidance from these to raise concerns. All staff we spoke with told us they had received training in safeguarding and training records confirmed that all staff had received training within the last year. The provider had an up to date policy designed to protect people from abuse which included safeguarding and whistleblowing. Managers demonstrated their awareness of how to work with other agencies such as the local authority and the Care Quality Commission should any concerns be raised. There were no safeguarding referrals current at the time of our inspection.

We looked at the care records of six people who lived at the home. There were personalised assessments for identified risks for each person. These were written in enough detail to protect people from harm whilst promoting their independence. For example, we saw one person had risk assessments and management plans for falls. We asked this person about their risk assessment and they were familiar with the associated management plans. This person said, "I get a bit unsteady on my feet so I don't try to get up without staff helping me but we do it when I am ready." This meant that the risk was managed effectively whilst still offering the person choice and promoting their independence. The moving and handling risk assessment for another person had instructions in place to inform staff how to assist the person with their mobility. They required the use of a hoist and we saw the risk assessment named which hoist and slings to use to keep the person safe. Staff told us that they were familiar with peoples' risk assessments and the associated plans.

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used including the hoists, stair lift and fire equipment and held certificates to demonstrate these had been completed. The manager employed a maintenance person for general repairs at the service. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency. The registered manager told us, "If we had an issue the owner would ensure it would be resolved the same day."

There were enough qualified, skilled and experienced staff to meet people's needs. Staff were always available to support people when they asked for help. People we spoke with told us staff responded to their requests for assistance and they never had to wait long if they needed any support. One person told us, "The staff here are just wonderful they make sure I am comfortable and have everything I need." We saw that people received personal care in a timely manner. We looked at staff rotas which showed that safe staffing numbers had been maintained. The nominated individual told us, "Were a need to be identified, for example an increase in people's needs, then we would always increase staffing levels to ensure people's needs are

met and they continued to receive safe care. A member of staff told us, "We always have enough staff." The registered manager told us that they had a stable workforce and that they did not use any agency at the service, and if there were any shortfalls in staffing the regular staff would work additional hours.

People's medicines were administered by registered nurses. People were asked for their consent before medicines were administered. Medicines were stored and administered in line with current guidance and regulations. The central medicine stock cupboard was small and difficult to keep tidy. All medicines prescribed and dispensed were individualised and stored accordingly in the medicine cabinet. We saw from a review of records that stock checks were conducted monthly. We checked the medication administration records (MAR) and found some discrepancies in recording. One person's MAR had recorded that 30 tablets had been received, 40 tablets had been signed for as administered yet there were nine tablets in stock. Another person's MAR showed that 14 tablets had been received, yet there were 17 tablets signed for as administered. Not all liquids medicines had 'opened on' dates. We asked the registered manager, who was also a qualified nurse, about these issues and no explanation could be given yet our findings were accepted and acknowledged by the registered manager.

This was a breach of regulation 12 (1)(2)(g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw robust recruitment and selection processes were in place. We looked at the records of six members of the staff team. We found appropriate checks had been undertaken before people started work. The staff files included evidence that pre-employment checks had been made including requests for written references from previous employers, Disclosure and Barring Service clearance (DBS) health screening and proof of identity. These checks helped ensure staff employed by the provider, were fit and appropriate to work with vulnerable people.

Is the service effective?

Our findings

People told us they were happy with the service provided. One person said, "I really like it here, it's lovely, friendly and homely." Another person said of the service, "It's a wonderful place with wonderful people."

People received care and support from staff who knew them well and who had the skills and training to meet their needs. Staff told us they had lots of opportunities to develop their skills and training was relevant to the needs of people they supported. Staff confirmed they undertook a thorough induction when they first started working in the home. One staff member told us, "I receive lots of training and am being supported to gain further social care qualifications, the owner really does invest in the staff." New staff had been provided with induction training and we saw this recorded on the training plan. This ensured that they knew what was expected of them and that they had the necessary skills to carry out their role to a good standard.

Members of staff told us they received regular supervision meetings with their line manager. During these meetings they discussed their performance and targets. They also discussed any problem areas and training requirements. Records showed that whilst supervision meetings were scheduled they did not always take place with the frequency expected by the provider's policy. The registered manager told us that these would be brought up to date immediately.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. One member of staff said, "Encouraging people to be as independent as possible is important to us here so where necessary we afford people the time to make a choice or assist people with different options to help them make choices." People at the service mostly had the capacity to make their own decisions; care plans in place for staff to follow focussed on giving people choice and in supporting them to make their own decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. People told us they enjoyed the food, one person said, "The food is always lovely home cooked meals." The provider told us that they consulted with people about the food and menu options to see what their preferences were.

We observed a lunch time meal; this was a very relaxed and social occasion. Where people needed support with eating staff sat with them, whilst providing support at the person's own pace. People were provided with specialist equipment where needed to support their independence, for example plate guards or higher sided plates. Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. If required, people were provided with special diets such as for diabetes or if they needed soft and pureed food. If there was a concern about people's weight their food was fortified to ensure they were getting additional calories to maintain their weight.

People told us that they were supported to access healthcare services. One person told us, "I can see the doctor whenever I need to." The care records for people who had physical or mental health needs showed that the provider had involved a wide selection of health care professionals to ensure that people's needs were met to a good standard. We saw that a doctor, district nurse, dietician and speech and language therapist had visited the service to advise the staff and support them with meeting people's needs. We noted that the advice and information provided had been incorporated into people's care plans and risk management strategies.

Is the service caring?

Our findings

The staff provided a very caring environment. We received many positive comments from people about the service and staff. One person said, "I am in very good hands here." Another person said, "It's such a homely place, the owner and staff are lovely." Other comments included, "We have such a laugh, I like to wind the staff up a bit" and "I could not think of anything I would change here."

We were unable to speak directly with any relatives. However a notice board in the reception area had numerous cards and messages from relatives. We saw that these were very positive in nature and included comments such as; "My mother was treated wonderfully" and "Thank you for the wonderful care you gave to mum."

The service had a very calm and relaxed environment. We saw that staff were open and friendly with people, throughout our inspection. Staff were unrushed in their interaction with people and took time to make sure their needs were met. For example, staff would not walk past people without engaging in conversation. We observed staff stop and talk to people making eye contact and adjusting themselves to the person's eye level to see if they could give them any assistance. One person told us, "The staff have a lovely demeanour and are always helpful."

Staff were positive about working with people using the service. They were clear and enthusiastic about the value of the relationships they had established with people. One member of staff told us, "The relationships we build with people and their families are really rewarding." Another member of staff told us, "Working here is great, and it's not really like being at work at all, it's why we have all been here for years." This showed that the staff cared about the people they supported.

Staff knew people well including their preferences for care and their personal histories. Care plans held documentation which told the story of the person's life and described what was important to them and how they liked to be supported. Staff knew people's preferences for carrying out everyday activities, for example when they liked to go to bed and when they liked to get up. One person told us, "I can go up to bed when I like or spend time in my room, it's all my choice and the staff are happy to help me."

Staff we spoke with were able to tell us of people's backgrounds, family relationships, likes and dislikes. One person said, "The staff love to sit and chat about things I have done in my life." One member of staff said, "I love to hear about the life experiences of our residents. I never tire of listening to them."

Staff respected people's privacy and dignity. We saw that if people were in their rooms, staff knocked on the door and waited to be invited in before entering the room. One person told us, "They (staff) always knock." We saw that staff closed people's doors before providing any personal care to them.

Is the service responsive?

Our findings

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. One person told us that, "I looked around a few homes with my family and this was the best, the staff were all friendly."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person told us "If I ring my bell staff come quickly, the care is very good." Another person said, "The staff are very good. I don't think you could beat them."

A call bell system was in operation, call points were located in people's bedrooms and at appropriate points throughout the home. We saw that call bells were responded to in a timely manner. One member of staff informed us "Sometimes when we hear bells being rung it is difficult if we are already supporting someone, but we always respond as quickly as we can."

People we spoke with told us the staff had discussed the care and support they wanted and they knew this was recorded in their care plan. One person told us, "I am always asked how I would like things done." People we spoke with were able to tell us that they had been involved with the planning process and had agreed to the content. One person told us, "The staff here are always asking me what care I need and how they can best help me."

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. We found the care plans were written in a very person centred way, focussing on what the person could do for themselves and how they liked staff to support them. Although most the care plans were regularly reviewed, we found some aspects of one person's care plan had last been reviewed in December 2015. This was not in line with the monthly frequency expected by the provider. Other care plans held conflicting information. For example, one person's falls risk identified they had a numerical risk score of five. The form determined that this score resulted in the risk being medium. However the safety section of the care plan had identified the person's falls risk as high. It was therefore not possible to determine the actual risk level for falls. We discussed the issues with the registered manager. Despite the issues being isolated to a small number of care plans and the risk to people minimal, the registered manager committed to ensuring that all care plans would undergo an immediate overhaul.

People enjoyed varied pastimes. Some people enjoyed doing puzzles and watching television others enjoyed doing a quiz. During the afternoon of our inspection we saw people were entertained by a film. One person told us, "There is always something to do, but we all much prefer to spend time chatting with staff and each other."

The home had policies and procedures in place for receiving and dealing with complaints and concerns. The complaints procedure was prominently displayed in the reception area of the home. The information

described what action the service would take to investigate and respond to complaints and concerns raised. We noted that no complaints or concerns had been raised recently. One person who used the service told us, "If I had any issues I would discuss them with the owner." Another person said, "I know how to complain but I can't find fault here." Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue.

Is the service well-led?

Our findings

There was a staffing structure which provided clear lines of accountability and responsibility. The registered manager was appropriately qualified and experienced to manage the home. The service had a registered manager who was very visible within the service. They, along staff had a very good knowledge of all the people living there and their relatives.

Staff shared the owner's vision and values at the service, one member of staff told us, "We aim to give the best possible care and for people and make them as happy as possible." Another member of staff said, "People's happiness and independence is at the heart of everything here."

Staff felt the registered manager was very supportive to their roles and listened to their opinions. The registered manager and staff told us that the owner and nominated individual were extremely supportive and led the service by example. One staff member told us, "She (owner) may be the owner but she is also the first to roll up her sleeves and get things done."

Staff had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a handover sheet to share information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

The service maintained system for monitoring the quality of the service. Regular audits of the service's systems and processes had taken place to ensure people's health, safety and welfare. The registered manager told us and the records confirmed that health and safety, medication, support plans and accidents and incidents had been regularly checked. However the audits for care plans and medication had not picked up the issues we identified in these areas. The owner told us this would be addressed at individual supervision. We also saw that regular resident and relative meetings were held. We looked at the minutes of the meeting held in February 2016 and found that it was attended by 14 people who used the service and two relatives. At the meeting staff, activities and food were discussed as well as an opportunity to raise any issues. All responses were positive.

We viewed accident and incident reports and these were recorded appropriately and were reported through the provider's quality assurance system. Each accident or incident that occurred was reviewed with staff and a post incident analysis was completed. This enabled the service to identify what changes were needed to minimise the risk of an incident occurring again. This meant the provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt from incidents. The registered manager told us that she spent time with people who used the service and staff on a regular basis to ensure she was aware of what was happening at the service and observe practise.

There were plans in place to deal with unexpected emergencies such as fire. These plans included detailed personal evacuation plans for each person living in the home as well as contingency plans should the home become uninhabitable due to an event.

We examined all the policies and procedures relating to the running of the home. We found all were reviewed and maintained to ensure that staff had access to up to date information and guidance.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Medicines were not always accurately recorded
Treatment of disease, disorder or injury	