Mrs Elizabeth Mary Coquelin

Norway Lodge 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

Overall summary

We inspected this service on 24 November 2014.

The home provides residential and nursing care to up to 29 people and there were 27 people resident at the time of this inspection. The people who lived in the home were older adults with various disabilities and conditions.

The home was situated at the head of a quiet cul-de-sac and was a mature, detached building over three floors, with its own garden. There was a passenger lift and most of the bedrooms were on the first and second floors, with the communal areas and the manager's office on the ground floor. The home had a homely feel and was clean. We saw evidence of the home having the normal decorative touches of a domestic home which made the environment feel welcoming.

The home required a registered manager. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current registered manager had been in post at Norway Lodge for several years.

We found that people who used the service were given appropriate information and support regarding their care or treatment. They were able to express their views and were involved in making decisions about their care and treatment. We observed and were told that people were treated with dignity and respect.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There were arrangements in place to deal with foreseeable emergencies.

The premises were suitable, safe and adequately maintained. Risk assessments and safety checks were undertaken. However we found that premises risk assessments were in need of review and update as this had not been done in the previous year.

Staff had received training in how to recognise and report abuse. Staff we spoke with were clear about how to report any concerns and were confident that any allegations made would be fully investigated to ensure people were protected.

Staff employed at the home were suitable, appropriately qualified and experienced. We found that appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful manner. Throughout the day we saw staff interacting with people who lived at the home in a caring and professional way. We saw a member of staff supporting two people to complete a puzzle. Staff were seen chatting happily and laughing with people, together.

People who were unable to verbally express their views appeared comfortable with the staff who supported them. We saw people smiling and touching staff when they were approached.

We saw evidence of suitable quality monitoring systems in place and there was evidence that learning from incidents/events took place and appropriate changes were implemented.

Summary of findings

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. People who lived at the home were safe because there were enough skilled and experienced staff to support them.

Staff we spoke with had a good understanding of how to recognise and report any concerns and the home responded appropriately to allegations of abuse.

Is the service effective?

Good

The service was effective. We found people received effective care and support to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People could see health and social care professionals to make sure they received appropriate care and treatment.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. People were supported by caring staff who respected their privacy and dignity.

Staff spoke to people and supported them in a professional and friendly manner.

People who lived at the home, or their representatives, were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. People received care and support which was personalised to their wishes. Their views about the home and their care were regularly sought and taken into account.

Activities and meaningful occupation were not always planned and arranged in line with individual's interests.

Is the service well-led?

Good

The service was well-led. The home was well led by an open and approachable team who worked with other professionals to make sure people received appropriate care and support.

The quality of the service was monitored effectively to ensure ongoing improvements.

Norway Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 November 2014 and was unannounced. It was carried out by an Adult Social Care Inspector and a specialist advisor (SPA) who was a general qualified nurse with experience of mental health services.

Before the inspection, we reviewed notifications made to us by the service. We also received information from the Local Authority and from the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We observed the interactions of staff with the people who lived at the home, observed how people were being cared for and talked with people, their relatives and visitors and with staff and we reviewed records. We looked at medication and the processes around this, at the home environment and at the staff's understanding and compliance with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). We sampled the food provided.

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 spoke with two people who lived in the home, two care staff, the registered manager, one registered nurse, the deputy manager and the cook and a kitchen assistant. We also spoke with five visitors/relatives and one visiting health care professional. We looked at five care plans, and case tracked two of those people's care. We reviewed five staff files, duty rosters and various other records including audits and survey forms.

Good

Is the service safe?

Our findings

One staff member telling us, “I’ve been here for 23 years” and another saying they had worked there for 20 years. Another said, “We definitely have enough staff. It’s a very stable team”. A visiting relative said: “There seems to be enough staff, there’s always someone about if you want to discuss anything”.

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. One person told us: “I feel safe living here”. A visitor said told us, “I am completely satisfied with the care and love shown to me and my relative. I visit daily and would happily recommend Norway Lodge.”

People were supported to take everyday risks. We saw that people moved freely around the house and were able to make choices about how and where they spent their time.

There were risk assessments in place in care plans to enable people to take part in activities with minimum risk to themselves and others. All risk assessments we viewed were up to date. When we viewed people’s medication records and health care notes, we saw that risk assessments for pressure sores were in place, up to date and acted upon.

We saw from staff files that all the necessary recruitment checks were carried out before new staff were able to start in post, such as criminal records checks, references, right to work in UK and professional qualifications and registration details. However, there were no copies of staff members’ ‘right to work in the UK’ documents. The registered manager told us they had been checked as we saw on the files, but they had been given misleading information about whether the copied documents should be retained on file. The manager has since confirmed that copies of these documents have now been re-obtained and placed on staff files, as per the Home Office requirements.

The rotas we saw showed that appropriate and sufficient staff were on duty throughout each day and night. There was a low staff turnover at Norway Lodge. There were no vacancies in the staff team other than for one registered nurse to cover some night duties. The manager was covering those shifts in order to provide continuity for the residents and told us the provider was hoping to be able to commence someone in post once all the required recruitment checks were done.

There were enough skilled and experienced staff to ensure the support and safety of people who lived in the home. On the day of our inspection there were four care staff, a registered nurse, a cook, a kitchen assistant, a maintenance person and a cleaner, on duty. The registered manager was not on duty on the day of our inspection, but came in when she learned that we were at the home. We viewed other weeks staff rota’s which showed similar levels of staff were planned each shift with a nurse and two care staff on waking duty each night. We saw that the home was using current best practice and had adopted the latest thinking and research practice on dementia and end of life care pathways.

We shadowed a medicine round which was conducted by a registered nurse. We were told that it was the provider’s policy that only registered nurses were allowed to complete the medication rounds. We checked the medicines stored in the fridges, cupboards and the controlled drugs cupboard and found that all the quantities, types and method of storage were correct. All medications were in-date. The home had appropriate records and systems in place for prescribed medicines to be given ‘as required’ (PRN), ‘over the counter drugs/ non-prescription items’ and other ‘homely remedies’.

New medications delivered from the pharmacy were checked in by two registered nurses and had two signatures on the medication administration records (MAR) sheets. We saw the records and system for drugs returned to the pharmacy. Medications quantities were checked daily.

Medications were routinely audited every 3-4 months. (MAR) sheets had photographs on them of the recipient of the medicine, for identification purposes. The temperatures in the medication room and fridges were monitored twice daily and recorded.

The risks of abuse to people were minimised because there were clear policies and procedures in place to protect people. The provider had their own policy for safeguarding and whistle blowing and also used the Wirral Safeguarding Board’s policy. The provider informed us that all staff undertook training in how to safeguard adults during their induction period and there was regular refresher training for all staff. During the inspection visit we saw there were notices informing staff of forthcoming training in this

Good

Is the service safe?

subject. We also saw posters on notice boards giving details of who to contact if they had any concerns. We saw that information on whistleblowing was also available on the notice boards.

Staff we spoke with said they had received training in how to recognise and report abuse and about whistle blowing. All were clear about how to report any concerns. Staff told us they were confident that any allegations made would be fully investigated to ensure people were protected. We saw that there was a policy in place regarding staff disciplinary proceedings.

The home gave new residents a 'Welcome Pack'. We discussed with the manager the possibility of including information about safeguarding adults from abuse and who to contact if there were any concerns, with the manager who told us that this would in future, be included.

The home had one recent safeguarding concern which had been shared with CQC by a whistle blower informing us of an incident. We were later notified by the provider of this incident. We saw the evidence that the issue had been properly investigated and appropriate action had been taken.

All equipment had been regularly serviced and the decoration and flooring was in good order. The kitchen had been rated previously with a '4' rating (out of '5') food hygiene certificate by the local authority environmental department. The identified issue which related to the maintenance of the woodwork in a store cupboard had been addressed and the home was waiting for the rating to be re-evaluated.

Good

Is the service effective?

Our findings

We asked people who lived in the home about the food. When we asked one person if the food was good, they replied, "Oh yes, it's always. I've put weight on since I came here". A second said, "It's very hot and tasty. There's nothing wrong with the food". Another said, "I am happy with the food here" and a fourth said, "It's very nice". We observed that portions and amounts of sauce were already plated. One person told us, "Sometimes it's not cooked enough. It's usually OK but sometimes there's not enough". One relative told us, "The home is warm and the food is good".

We saw that people received care and support in a timely manner. Call bells were answered quickly. Another relative told us, "I bless the day I found there was a room for my Mum". One member of staff said: "There's always training available. If we have someone admitted who has specific needs they make sure we have all the information and training we need". The health and social care professional we spoke with, told us, "The staff go beyond normal expectations of a nursing home. They go well beyond the call of duty to support their residents and can always give me a full and comprehensive history".

All staff were inducted using the Skills for Care 'Common Induction Standards' and then after a satisfactory probation, received further training. The providers' policy was that training in some subjects was compulsory and some training had to be regularly updated by staff. The home used the 'Skills Network' which was an online training provider and that many staff had achieved various qualifications. Examples of qualifications were the Certificate of Principles of End of Life Care, which was compulsory for all staff, including ancillary staff and the Certificate in Understanding the Safe Handling of Medication in Health and Social Care which all the trained nurses had. We saw records of various other courses staff had undertaken and the training matrix showed us that a planned approach to staff training and refresher courses was undertaken. Staff were able to progress within the staff team and the provider supported this, with some staff working towards qualifications for a senior role, such as a management role.

We saw evidence that staff received regular supervision and had annual appraisals. Staff confirmed that this happened and told us that the manager was positive, supportive and helpful with their professional development. One comment on a staff appraisal was, "Excellent job, you always go the extra mile". We saw that staff had signed to say that they had read the home's various policies and had agreed supervision and appraisal methods and frequencies.

We saw records of hospital admissions and discharges and correspondence to other health and social care professionals. Advice given had been actioned as necessary and the care plans adjusted

We sampled the food and found it to be tasty and hot .The dining experience was positive with a calm environment. We saw 14 people in the dining room having lunch. Staff joined people at the table with their own meal and supported people to eat and drink when needed. There was much chatter and laughter and people were able to choose from a menu. Menus were available at each table which showed a limited choice of food and people were asked what meal they would like, but there was no evidence of meaningful choice offered as all the available options were not listed and there were no pictures on them to aid choice. However, people told us that where the available menu choice was not to their taste, then the cook would prepare an alternative meal for them. We discussed with the manager the provision of a full pictorial menu for the people who may have comprehension difficulties and have since been informed that this task is well underway.

On discussion with the manager, we were told that in future, sauce boats would be provided and that people would be asked their preference regarding amounts as well as choice of food.

We asked the cook about his ability to provide a menu specific to a person's cultural needs. He told us that there was currently no one living in the home with such needs, but that the food supply, the kitchen fittings and equipment and cooking methods could readily accommodate these, if needed. He also told us that currently he was providing a variety of foods to people with different nutritional needs, such as diabetics or people with food allergies. He described the difference between soft and pureed food. There was a notice board in the kitchen to tell staff who had which type of food.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty

Good

Is the service effective?

Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

People who did not have the mental capacity to make decisions for themselves had their legal rights promoted because staff had received appropriate training. We saw that staff had received training in MCA and DoLS. Staff we spoke with had a good understanding of how to offer people choices and the need to involve personal and professional representatives if a person was unable to make a decision for themselves. The manager and provider were up to date with recent changes to the law regarding the DoLS. At the time of the inspection the home was working with the supervisory body (local authority) to make sure people's legal rights were protected. These applications were clearly recorded in people's care records to ensure all staff were aware of the person's legal status. No one in the home had a DoLS in place at the time of our visit as home was waiting for the outcome of the applications made.

The home was an older building and had been well adapted for the needs of disabled people within the limits of the structure of the building design. There was a lift to all floors and grab rails and signage were in place at certain points.The whole home was clean and well maintained and there was no unpleasant odour. The interior had been decorated according the preferences of people living there and various ornaments and wall hangings, pictures and mirrors had been chosen by them. The home had a very homely and warm feel to it.

Good

Is the service caring?

Our findings

People who lived at the home were supported by kind and caring staff. One person said: "The staff are nice and friendly." A visitor told us, "They [staff] are absolutely marvellous". We saw people and staff chat and laugh together and there was a friendly relationship apparent.

We saw that staff had a caring, friendly and relaxed relationship with people living in Norway Lodge, which was good humoured and respectful. They always encouraged independence, but were quick to offer support when necessary, such as where someone was struggling to get up from their chair, or support with eating their meal.

People had a spiritual care assessment which was a wide holistic assessment which considered the persons choices and wishes, their dignity and respect, their concerns and things that brought them comfort. The staff clearly understood the nature of the spiritual assessment. They had a good understanding of the needs of people with dementia and encouraged people to make choices in a way that was appropriate to each individual. We saw that people were able to make choices about what time they got up, when they went to bed and how they spent their day. Staff said they tried to ensure people continued to make choices about all aspects of their lives. We saw that staff members had time to sit with people and enjoy a chat with them.

Staff took account of people's abilities and chosen routines to provide care and support in line with their likes, dislikes and preferences. We noted that the residents were well presented and groomed and their clothes well matched. In particular, the ladies' nails were polished with no chips and their hair was well styled.

We observed that one person was very confused and the staff approach to this resident was very respectful and caring. Two staff enabled them to remain mobile by helping them walk to the toilet and dining room rather than using a wheelchair which would have been much easier. Each person was talked about very compassionately and caring and seen as individual.

People's privacy was respected. All rooms at the home were for single occupancy apart from one which had a modesty partition between the beds. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home. We saw that bedroom doors were always kept closed when people were being supported with personal care. Staff knocked and called out to gain admission to a person's room and when we asked to see some rooms, people were sought in the communal areas and asked for permission for us to enter their rooms

The care plans informed us and gave evidence of holistic person centered planning for end of life. Advance care planning discussions had taken place. The 'Preferred Priorities for Care' (PPC) document is designed to help people prepare for the future. It gives them an opportunity to think about, talk about and write down their preferences and priorities for care at the end of life. PPC's were used and people could see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

We were told, and saw that all the care plans had a Skills for Care, 'Six Step End of Life Care Pathway' plan. These particular plans were also recorded in a special register for ease of access. We saw evidence of discussions with people regarding the end of life care pathway for them and also evidence of discussion regarding any wishes regarding resuscitation, should that be necessary at some future stage. The 'End of Life' care register was updated regularly with recognition of the general decline of the resident i.e. moving between Amber (increasing decline) and Red (last days of life). Staff told us they knew about a person's wishes and the plans around these and that were able to promote peoples choices and dignity.

We saw that some people had made advanced decisions prior to them becoming more dependent or before their capacity had been diminished and we also saw that some people had a Court of Protection order in place. End of life handover forms were completed and sent to regular GP's and Out of Hours (OOH) GPs as needed. This ensured communication with the GPs and OOH services to help stop inappropriate and avoidable hospital admissions and therefore allowing the person to die in their place of choice.

We talked to relatives about their involvement in the end of life care planning and they confirmed they had been fully involved in the decisions.

Good

Is the service responsive?

Our findings

One person told us, "I am very happy. My son made such a good choice". Another said, "I would recommend this home to anyone". Another relative told us, "Since she's been here she's come on leaps and bounds". A third relative told us that updates on people were given to them in a timely way.

A comment from one visitor was, "I haven't seen much in the way of entertainment, they just have the TV on with the sound down". They then said that they haven't been visiting for very long so things may have been tried that didn't work.

Relatives of a resident told us, "Visits are difficult as there is nowhere to go they could do with a separate lounge to visit, if the window [bay] seats are not available it's hard to visit". The registered manager told us that there had been an attempt to make smaller areas within the large lounge area, but that residents had wanted to have chairs around the perimeter. The bay window had seating and this afforded a degree of privacy, but could only accommodate three or four chairs. The manager told us that residents were always able to see their visitors in their rooms and that there was no other room suitable to make into a smaller lounge. One relative told us, "I visit her in the lounge, or wherever she wants. She's great here, the staff all love her".

We viewed five care plans and found them easy to read and follow. All the care plans had a photograph of the person on the outside cover as well as inside. They were comprehensive and informative about the individual. The language in the care plans was person centred and warm. They gave a real sense of the person as an individual. People and their relatives told us that they has been involved in the creating of their care plans and were continuously consulted about any changes they needed or wanted. The care plans showed that assessment was on-going and that involvement with other professionals was sought and maintained where necessary, such as involving dieticians and physiotherapists, opticians and chiropodists, as appropriate.

We saw that all the staff, apart from recently recruited staff, were 'dementia champions". This was a comprehensive development programme delivered as six workshop days over three months. This training programme had been developed by the Alzheimer's Society. Although this programme was intended for key staff, the provider had been keen to enable as many staff as possible to have this training. Staff told us they were very proud to be 'dementia champions'.

We saw that the home had been decorated stylishly with communal areas being bright and welcoming. There were many examples of items decorating the walls, ceilings and furniture of the home's communal areas, corridors and stair ways and we were told that people living in the home had chosen these. To add to the decoration budget, the staff team actively fundraised for the homes' own residents fund by staging events and raffles, usually with prizes provided by the provider. They had recently purchased chandeliers for the sitting room and had previously raised £500 to purchase a large mirror for one of the stair landing areas.

The home had a part time (20 hours per week) activities coordinator but opinion about activities was varied. The Norway Lodge leaflet stated 'In house entertainment is a regular feature here with a variety of activities including barbecues, coffee mornings, bingo, visiting musicians and much more'. On the afternoon of our visit there were no activities taking place and the TV was on with the volume down. We however saw there were activities planned throughout the week which included musical bingo, exercise and visiting singers.

The home had a policy regarding complaints and its 'Welcome Pack' included information about how to make a complaint. There had been no formal complaints in the last year. People, relatives and professionals were asked their views about peoples care and welfare and were encouraged to provide feedback.

Good

Is the service well-led?

Our findings

People told us they thought the staff and the manager were very good. One relative told us, “Staff are marvellous”. One staff member told us about the manager, “She’s great. We get all the training we need, she sees to that”.

Leadership from the registered manager was very apparent. It was obvious that she was very much a driver of good practice for her staff. One staff member said, “The manager is great, very supportive and approachable but she knows what she wants”. People and relatives spoke of her with respect and appreciation and one professional, in the recent survey, wrote, “Staff have a good rapport with the matron [registered manager] and that is evident”.

The registered manager informed us, “My residents are the boss”. She went on to tell us, “This [Norway Lodge] is people’s home. I ask myself what I would want in my home”.

In a recent survey (October 2014), a health care professional had written, “Always a pleasure to attend this nursing home with warm and friendly staff. They have a good knowledge of their patient’s needs and their long term care needs”. Another professional said, “The nurses I have spoken with regarding my patient are always informed, particularly about dementia.

The home was required to have a registered manager and the same registered manager had been in post for several years. She was also a qualified nurse and was supported by a deputy manager and other registered nurses, who also led the shifts. We saw that staff spoke respectfully and with affection about both her and of the people living at the home. The ethos of the home was apparent in staff recruitment, training and support. The leadership of the registered manager was appreciated by staff.

There were systems in place to share information and seek people’s views about the running of the home. There were meetings for people who lived at the home and their relatives and the views of people, their relatives and the health and social care professional involved in their care, were sought annually. This enabled the home to monitor satisfaction with the service provided and ensure any changes made were in line with people’s wishes and needs.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. We looked at a care plan audit and saw that shortfalls had been addressed with staff through supervision and meetings. This demonstrated the home had a culture of continuous improvement in the quality of care provided. The registered manager also monitored the performance of the home by completing various audits throughout each year at various intervals. Examples of audits included medication, fire drills, staff training, health and safety and premises and kitchen audits. Where issues were found, these were converted into an action plan and the registered manager oversaw the completion of delegated tasks.

We saw that there was partnership working between the home and other professionals. Comments from professionals were complimentary. We saw in care plans that joint working had taken place between health and social care professionals in developing appropriate care pathways for individuals.