

Norlington Care Limited

Norlington Nursing Home

Inspection report

19 Stourwood Avenue
Bournemouth
Dorset
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Tel: 01202422064

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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

Norlington Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Norlington Nursing Home is registered to provide nursing and personal care with accommodation for up to 37 people, although the home only usually accommodates up to 29 people as some rooms are for double occupancy. At the time of our inspection it accommodated 25 older people in one adapted building in a residential area of Bournemouth.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were supported by staff who understood the risks they faced and how to support them to reduce these whilst promoting independence and dignity. Staff understood how to identify and report abuse.

People were supported to take their medicines safely.

People all liked the food and there were systems in place to ensure they ate and drank safely.

People were supported by skilled and caring staff, the majority of whom at worked in the home for a long time. Staff described Norlington Nursing Home as people's home. Communication styles and methods were considered and staff supported people to understand the choices available to them.

Staff supported people in the least restrictive way possible. The systems in the service supported this.

People had access to a range of activities and there was work being done to develop the meaningful personalised activity available to people.

People and relatives told us they could raise any concerns and these were addressed appropriately. They told us that the registered manager and the whole staff team were approachable.

Quality assurance systems involved people and supported the provision of a safe and service. Some recording and monitoring was not effective; the registered manager and senior staff made changes to these systems immediately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Norlington 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 was planned to check 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 unannounced inspection took place on 21 November 2018. The inspection team was made up of one inspector, a specialist advisor and an expert by experience. The specialist advisor had clinical skills and knowledge. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with nine people. We also spoke with four visiting relatives. We spoke with six members of staff, and the registered manager. We gathered information from social care professionals and health professionals who had worked with the service. We also looked at six people's care records, and reviewed records relating to the running of the service. This included four staff records, quality monitoring audits, complaints and accident and incident records.

Is the service safe?

Our findings

People were supported by staff who understood the risks they faced and knew the measures that helped reduce these risks. People told us they thought the staff were kind and that they felt safe. One person told us: "The staff are caring towards me. I do feel very safe here." A relative told us: "(Loved one) is very safe here." We saw that people were relaxed in the company of staff throughout our visits.

Staff worked with people and appropriate professionals to monitor, assess risks and develop plans and responses together. This meant that people were able to determine the support they wanted. We saw that people were supported to maintain their independence and take calculated risks. For example, one relative explained how their loved one understood the risks they faced when walking and that staff minimised these whilst respecting this person's right to take the risk. We noted that the recording of monitoring following a fall was not clear for one person. This meant it was hard to review what had happened to identify any learning. We spoke with the registered manager who addressed this at once.

Staff understood their role and responsibilities to protect people from abuse. They were able to explain what signs may indicate someone had been harmed and what they would do to make them safe and report this.

People had help from, safely recruited and appropriately trained, staff when they needed it. People relatives and staff felt there were enough staff to meet people's needs. A member of staff observed: "There is enough time to give care and time to everyone." One person told us: "Staff do come when I call them. No problem." People told us they had access to their call bells. We noted that this was not the case for some people when we visited. Staff assured us that this was not common practice and this was rectified immediately.

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments. One person told us: "The home is kept very clean at all times." The registered manager monitored infections and had robust systems in place to reduce risks.

People received their medicines when they needed them and in ways that suited them. There were systems in place to ensure that this was done safely. We noted that the monitoring of medicines that are required by law to have tighter administration measures was not sufficient. We spoke with the registered manager and they took action to ensure this was addressed.

There was an open approach to learning when things went wrong. Monitoring of incidents and feedback from professionals, people and visitors led to action to improve safety. Information was shared appropriately amongst the staff team, other professionals, people and relatives.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where conditions were in place staff understood these and ensured they were met.

Staff understood the importance of finding the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish a person wanted the support and care they were offering. One relative told us: "The staff do seek (loved one's) consent."

Care plans reflected detailed assessments that included people's needs and their preferences. This process ensured that people's care was provided in the way they wanted and that any characteristics covered by the Equalities Act were addressed. People and relatives reflected on their involvement with care planning. One relative observed the ongoing communication about care was very good.

People were supported by staff who understood their care and support needs and could describe these with confidence. They had received training to ensure they could provide this support safely. The home had a trainer on site and this meant they were able to provide real time learning for staff and adapt learning to meet individual needs. The training reflected the needs of people living in the home. New staff were supported to undertake the care certificate. This is a national training programme to ensure staff who are new to care have a positive induction. The senior team kept up to date with current practice by attending local groups, liaising with other professionals and ensuring they maintained up to date professional knowledge.

People were supported to maintain their health. People had access to health professionals and information necessary to support them to maintain their health was detailed in their support plans. People and relatives told us that people had good access to their GP's and we received positive feedback from an optician service that visited the home regularly.

People were supported to eat and drink safely. Feedback was continuously gathered and used to develop menus. The chef had established positive relationships with people and they told us they were able to make choices about what they ate. People were supported to have enough to eat and drink and there were systems in place to ensure this. One person told us "Drinks are always available" another person told us: "The food is good here. I like it and there are choices." People chose to eat sitting in the lounge and in their rooms. The people who ate together enjoyed each other's company.

The environment was maintained to a standard that reflected respect for the people living and working in the home. There were ongoing plans to improve the environment including plans to enhance the social focus of the communal lounge with a bar.

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them. When asked about the support people needed staff were able to talk about the things that made people most happy such as games of chess and watching cycling. This knowledge was shared amongst the whole staff team. One person commented: "The staff are very caring towards me."

The home had a welcoming atmosphere and a person reflected on this; telling us: "I am so lucky to have landed up here. Everyone is so considerate. It is a friendly place. They are not only nice to us but they seem to look after and care for each other also." A visiting relative observed: "The staff are very happy here, very jolly and there is a good atmosphere here. "

All staff spoke with respect and kindness about people and their conversations reflected familiarity and fun where this was appropriate. People and relatives told us they liked the staff, making comments such as one person who told us with a smile: "I give them all names... this one is mischief."

Care plans focussed on people's strengths and promoted their autonomy. This ensured that dignity was promoted at all times. People all told us they felt their dignity was respected. Care plans detailed some communication needs and staff used this information to help people make as many decisions as they could about their own day to day lives.

Is the service responsive?

Our findings

People received care that reflected their needs and preferences. One person told us: "Oh the staff know how I like things to be done for me." People were supported to live their lives in ways that reflected their own wishes and staff understood the importance of this personalised approach for all the people they supported. The registered manager identified that this remained an area for development and explained how they were working to identify the things that added meaning to people's lives and made a difference. People were supported to carry out activities and spend their time doing things that were meaningful to them. Work to record this information and to embed and develop the personalised approach was ongoing.

Staff understood how people communicated. The accessible information standard was met with communication needs identified, flagged and shared to ensure people could contribute meaningfully to their care. If people had concerns these were listened to. Everyone identified that they could talk with staff about concerns and that if they had any major concerns they would talk with the registered manager. Information about how to complain was available to everyone involved with the service. We saw that when complaints were made they were addressed sensitively and openly with apologies made and action taken when appropriate.

The senior staff team were committed to ensuring people experienced the best care possible at the end of their lives. All staff had been provided with end of life training due to the home supporting an increased number of people at the end of their lives.

Is the service well-led?

Our findings

The home was family owned with a stable and long serving staff team who were committed to the ethos of homely care. Staff were proud of their work and told us they felt part of a strong team and made observations such as: "I like that no one ever says, 'that is not my job' we all work together." Staff felt listened to, respected and supported by the registered manager, other senior staff and their colleagues.

Staff were all clear about their responsibilities and understood who they could seek guidance from. The registered manager knew the staff and people using the service well, working alongside staff and spending time with people. 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. People, staff and relatives commented on the approachability and humanity of the registered manager and other senior staff. The owners were also visible in the home and were referred to with respect and familiarity by people and staff. People and relatives were regularly asked about their view of the service and this contributed to improvement plans.

Quality assurance processes were in place and being developed to meet the needs of the home. Where actions were identified by other agencies these were responded to quickly. Accidents and incident were reviewed and trends identified to reduce the risk of reoccurrence. The registered manager outlined plans to ensure that quality continued to improve.