

Norlington Care Limited

Norlington Nursing Home

Inspection report

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Date of inspection visit:
20 July 2016
21 July 2016

Date of publication:
18 August 2016

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

This unannounced comprehensive inspection took place on 20 and 21 July 2016. At the last inspection completed in January 2014 we found the provider had met the regulations we reviewed.

Norlington Nursing Home provides accommodation, care and support for up to 37 older people. At the time of the inspection there were 28 people living at the home. Norlington Nursing Home had 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked living at the home, comments from people included, "I'm very happy with the staff and care" and, "The staff are always friendly and respectful". People told us they felt safe at the home. Staff knew how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People's needs were assessed including areas of risk, and reviewed to ensure peoples' safety. Support was offered in accordance with people's wishes and their privacy was protected. Staff knew people well, understood their physical and personal care needs and treated them with dignity and respect. People and their relatives were involved in assessing and planning the care and support they received.

People received their prescribed medicine when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

There was a system in place to ensure people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. People were supported to make decisions and where people did not have the capacity; decisions were made in their best interest.

There was a system in place for people to raise concerns and complaints. People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries.

People told us they felt the service was well led, with a clear, supportive management structure in place.

There were systems in place to monitor and improve the quality of the service provided.

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 were protected from harm or abuse because staff had been trained in safeguarding and knew how to recognise and respond to abuse correctly.

Recruitment procedures were robust and ensured people were supported by staff who were suitable to work with adults.

Medicines were managed safely, stored securely and records completed accurately.

Is the service effective?

Good ●

The service was effective. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify training needs. Staff felt well supported by their management team.

People's consent was sought and where people lacked capacity to make a decision staff followed the principles of the Mental Capacity Act 2005.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a happy relaxed atmosphere.

People and relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

People knew how to raise a concern and felt confident that these would be addressed promptly.

Is the service well-led?

Good ●

The service was well led.

Staff felt well supported by the management team, felt comfortable to raise concerns if needed and were confident they would be listened to.

Observations and feedback from people and staff showed us the service had a supportive, open culture.

The provider had a range of audits and processes in place to monitor the quality of the service provided and kept up to date with changes in practice.

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 comprehensive inspection took place on 20 and 21 July 2016 and was unannounced. On the first day of the inspection one CQC inspector and a specialist nurse advisor visited the service, on the second day one CQC inspector completed the inspection.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home. We also looked at the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the two day inspection we met all of the people living there and spoke with the majority of them. We also spoke with the manager, three members of care staff, the cook and one member of ancillary staff. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported, reviewed specific care records for people and looked at five people's care, treatment and support records in depth. We reviewed a selection of people's medication administration records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records and staff meeting minutes.

Is the service safe?

Our findings

People told us they felt safe living at Norlington Nursing Home. One person told us, "It's like a big family here, everyone feels that way, I feel very contented".

We spoke with staff about their understanding of protecting people from abuse. Staff demonstrated a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they needed to report any form of abuse. The provider had a clear system in place for staff to follow in regard to safeguarding adults with up to date information and contact details for the relevant local authorities.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. We reviewed, in depth, the care of five people. This was so we could evaluate how people's care needs were assessed and care planned and delivered. We found people had their health needs assessed for areas of risk such as falls, moving and handling, nutrition and pressure area care.

There was a system in place to monitor and review any accidents or incidents that took place. Clear pictorial graphs were completed which alerted staff to any trends in people's behaviours and allowed pro active action to be taken. For example, the system had showed an increase in incidences around the lunchtime period and directly before and after supper. The plan of action guided staff to increase their vigilance and frequency of checks at these vulnerable times and check for common factors that could contribute to people falling.

People had been assessed and plans made for emergency evacuation from the building, these records were detailed and up to date.

There were enough staff employed to meet people's needs. The manager showed us the staff rotas for the preceding three week period which correctly reflected the levels of staff on duty during our inspection visit. Staff told us they felt there were enough staff on each shift to manage the needs of the people living at Norlington Nursing Home and the management team were always available for help and advice if needed.

We reviewed three staff recruitment records, one of whom had been recently recruited and spoke with one member of staff about their recruitment. Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home before they were left to care for them independently. We saw records that showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at Norlington Nursing Home.

The provider had a system in place to ensure the premises were maintained safely. Regular checks were completed for fire safety equipment and fire panels, electrical testing, lighting systems and gas safety. The manager showed us records that confirmed a full water system check including legionella testing was regularly completed. Legionella is a water borne bacteria that can be harmful to people's health.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register, this showed returned medicines were accounted for accurately. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded. The provider used a recognised pain management tool to check whether people needed regular pain medicine.

Records showed all staff who had responsibility for administering medication had received medication training to ensure they could administer medicines safely. The provider used a unit dosage system with medicines being supplied by the pharmacist. Staff told us they found this system safe and easy to use.

We reviewed a selection of medication administration records (MARs). We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people. MARs records were correctly completed, with no gaps in recording.

The provider used a system of body maps to ensure people's prescribed creams would be applied correctly. Homely remedies were all recorded for people with clear records regarding, who had the remedy, why it was needed, what it does, how often to administer the remedy and the dosage required.

There were robust infection control systems in place. Infection control audits were regularly carried out and records showed actions from the audits were brought forward and cleared when appropriate. We reviewed the cleaning schedules which were detailed and covered all areas in the home. Throughout our inspection we saw the premises were well maintained, clean and free from odours.

Is the service effective?

Our findings

There was a clear programme of training in place, Staff commented positively about the training they had received and told us they were very well supported. The provider was in the process of applying for accreditation with the Gold Standards Framework. Gold Standards Framework is a process that helps providers achieve a recognised high level of training for staff providing end of life care.

The manager showed us the training schedule that was in place for all staff. Records showed staff received training in all the core subjects such as; safeguarding adults, basic first aid, moving and handling and health and safety. We spoke to staff about the training they had received and they all stated they found it effective and useful. One member of staff said they were always supported to develop their learning and told us they had been scheduled to take part in specific dementia training.

Records showed staff received regular supervision meetings. Staff said they found the supervision sessions to be supportive, and an effective method to ensure they were up to date with their training. They also told us they could discuss any issues on a one to one basis and felt the management team listened to them and acted on any ideas or suggestions they put forward. Records showed some staff were overdue their annual appraisal. We discussed this with the manager who confirmed they were in the process of re scheduling annual appraisals to ensure all staff received one.

We observed staff had an effective knowledge of how people preferred to be cared for and showed good understanding of how people living with dementia needed supporting. Where people lacked mental capacity to make a specific decision, staff followed the principles of The Mental Capacity Act 2005 including making best interests decisions.

The Mental Capacity Act 2005 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 be as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Mental capacity assessments were in place on people's files concerning specific decisions about their care and treatment.

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). Staff had made appropriate applications where they felt people may be deprived of their liberty. There was also a system to monitor whether applications had been granted and when applications needed to be re-authorised when their specific time period had ended.

People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat, for example a 'soft' diet or fortified meals with added cream and cheese. Snacks, biscuits and fruit were available during the day and staff encouraged people to drink regularly to reduce the risk of dehydration.

The cook had been recently recruited and we spent time speaking with them. They demonstrated a clear understanding of people's individual dietary needs, likes and dislikes and spent time each day visiting each person to check what choices they would like for their meals. We asked people if they enjoyed the food, one person said, "Oh yes, I like to take my time and it's lovely" another person told us, "The chef comes to see me daily. The food is so lovely".

The kitchen had been assessed by the local environmental authority and had been awarded a 5 star rating which was the highest grade. The cook told us kitchen equipment and fittings were well maintained and there was a daily, weekly and monthly cleaning rota for the kitchen and its equipment.

We observed two lunchtime meals and saw staff supported people at their own pace and in a friendly way. Staff encouraged people to eat their meals, supporting them to eat as independently as possible. Staff had time to give support to people in a calm and unrushed manner, which created a relaxed and happy mealtime period. We observed staff worked well as a team during the lunchtime period, indicating to each other when a person needed particular support.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, opticians, occupational therapists, chiropodists and GP's. Records showed if people had deteriorating health needs their GP and health professionals were contacted quickly and guidance and advice acted on.

There was clear signage for people's bedrooms, toilets and communal areas which promoted people's independence by helping them to orientate themselves around the home. There were cheerful pictures and photos on the walls which all helped create a welcoming and calm atmosphere throughout the home.

Is the service caring?

Our findings

People told us they found the staff at Norlington Nursing Home to be kind, friendly and caring. One person told us, "I feel very cared for. The staff are so kind here, they bring me my favourite things...they all come up and see me very regularly to move me, I get them to give my back a scratch, I try to make them laugh". Another person told us, "The staff are all so very kind, I sleep so well here".

One member of staff had bought a person some clothes out of their own money, the person had been thrilled with the clothes, because they did not have any family who were able to visit.

Throughout our inspection we observed staff interacting with people in a kind and compassionate way. Staff made sure people were positioned so they could look out into the garden and had enough drinks available. Staff were attentive to people's needs and were able to spend time with people checking people were comfortable and had everything they needed. One member of staff told us, "We're not in a rush with people here. Residents feel they get very good care, they would voice it if they were unhappy".

We asked people if they were supported to make decisions on their daily care. One person told us, "I'm always asked what I want to do, I say what clothes I want to wear and what I want to eat. The staff are really good about privacy, they always knock on the door and close the curtains. They are respectful of me".

Staff told us they felt confident people received good individual care. They gave good examples of kind, compassionate care and how people were treated as individuals. Norlington Nursing Home provided a person centred service and people received individual care that was tailored to their specific needs and preferences.

We observed good interactions between staff and people during our inspection visit. Staff interacted with people in a caring and compassionate way. The majority of the staff had been employed at the home for many years and knew the people well. Staff spoke fondly of people and were able to describe what activities they liked to take part in; this showed staff knew the people well and provided support and care in an individualised manner. People responded well to staff and actively sought them out to talk to. Staff supported people patiently and kindly and did not appear rushed. If people became anxious or upset, staff responded promptly to assist and support them in a calm and natural way.

People were treated with consideration and respect by staff. We observed staff supporting people to move around the home and saw staff supported people patiently and gently, constantly offering re-assurance throughout the process. Staff told us they always made sure people had their dignity respected when they were being assisted to move from their bed or around the home. Staff told us they made sure people's clothing was respectfully arranged to ensure their privacy was maintained.

People's care records were kept securely in a lockable room and no personal information was on display. Records showed people and their relatives were involved in decisions about their care. Care plans were reviewed each month and where possible had been signed by the person living in the home or their relative,

this showed they had been involved in the process.

Is the service responsive?

Our findings

People told us they did not have to wait for lengthy periods for staff to help and support them. Every person we asked knew how to use their call bells which were normally answered in a timely way. One person told us, "Everything is regimented so I know what is coming next, I even know when my tablets are due, its such a good routine, I couldn't ask for more".

People had their needs assessed before they moved into Norlington Nursing Home. This ensured the home was able to meet the needs of people they were planning to admit to the home. Assessments covered areas including; medicines, weight, manual handling requirements and skin integrity. The assessments showed the relatives had been included and involved in the process wherever possible and were signed by all parties present.

Records showed the information was then used to complete a detailed care plan which gave staff very clear information and guidance on how to deliver appropriate care. The provider used recognised risk assessments tools to assess the risk to skin integrity and of malnutrition. People's assessed needs were then recorded in their care plans that were person centred and provided staff with information regarding the person's history and preferences. Care plans were reviewed on a monthly basis or more frequently if people's care needs changed.

Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place. Where people required mobility aids these were left positioned so people could reach them easily.

There was a robust system in place to ensure daily checks for people were accurately recorded. The system provided clear detail for staff to record people's nutrition and fluid intake, their weight, mattress settings and any re-positioning that was required. Staff told us this system was easy to use and very effective.

People's weight was recorded monthly or weekly, depending on their health needs and records showed they were referred to health professionals such as the dietician or the speech and language therapy team when required. There were body maps in place to record any bruising or injuries sustained by a person.

People told us about the activities the home offered. They said they had entertainers who visited the home regularly. People told us the visiting dogs were a favourite with many of the people who lived at Norlington Nursing Home. One person told us, "I used to play bingo or play cards, but we don't have an activities person at the moment. However, I am quite happy as I have visitors that come and see me". Another person said, "It's my choice if I join in or not, sometimes I will go and listen to the singer, other times I prefer to stay in my bedroom, but the option is my own". There was a schedule of activities displayed in the communal area, these included, animal visits, Holy Communion, gardening, concerts, card games and light exercise.

People knew how to make a complaint if they needed to and a poster stating how to complain was on display in the entrance hall. People told us they would feel comfortable raising a complaint if they needed to

and felt they would be listened to. There was a good procedure for investigating , reviewing and analysing complaints. The service had received four complaints since the last inspection and records showed they had been investigated in accordance with the providers complaints policy. Each complaint had a full investigation recorded, a meeting arranged with all parties concerned, statements from staff and root cause analysis, stating what went well, what did not go so well and what could have been improved.

There was a clear system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. The system ensured information accompanied the person which meant they would receive consistent, planned care and support if they had to move to a different service.

Is the service well-led?

Our findings

People and staff expressed confidence in the homes management. One member of staff said, "The home is managed really well, the manager is just brilliant...our training here is mainly face to face, they organise it at times we can attend, It's not like that everywhere...it's the best team here without a doubt". Another member of staff told us, " The home has a really nice atmosphere, it's an open door policy; you feel really supported, its nice to know you always have support". Another member of staff told us they had worked in many care and nursing homes and had never come across such a superb manager as the one at this home.

Staff described the culture of the home as, "Like a family, open and friendly". Staff stated they were confident to raise any concerns they may have with the management and they would be listened to. Staff were aware of their role within the team and told us communication in the home was good, with all staff working closely as a team for the benefit of the people living there. We observed the service was person centred with a positive, caring approach to people's support and care.

We reviewed completed quality assurance questionnaires that had been sent out to relatives and people during April 2016. They had been positively completed with comments that included; "We're very happy with the staff and care given" and "Staff all go the extra mile when required, 10 out of 10" and "Staff are very pleasant and helpful and act promptly and effectively" and "Staff are professional and very caring without exception...the home has a lovely feel and relatives and visitors are made to feel welcome and cared for".

Staff told us they attended regular staff meetings which they found useful and informative. Records showed staff meetings were held regularly and were minuted for all staff to view.

There was a programme of regular audits in place to monitor the quality of service provided to ensure people's care needs were met. These audits included, care plan reviews, weights, wounds, medication, infection control and falls audits.