

Bupa Care Homes (ANS) Limited

Norewood Lodge Care Home

Inspection report

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Date of inspection visit:
19 August 2019

Date of publication:
13 September 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Norewood is a care home providing personal and nursing care to up to 44 older people. 40 people were being supported at the time of the inspection. The inspection took place on 19 August 2019.

The home accommodates up to 44 people over three floors, in one building.

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

People were positive about the support they received. It was evident they enjoyed positive relationships with staff and were treated with dignity and respect. People were involved in decisions about their care and support.

People told us they felt safe living in the home. Risk assessments were in place to guide staff in providing safe care and support. Staff were trained in safeguarding and were confident about reporting concerns if they ever needed to.

The service was responsive to people's individual needs. Care plans were in place and these described the support that people required. We discussed with the registered manager how in some places, plans would benefit from more specific details about the individual concerned. There was an activities programme in place, which included links with the community. There was a complaints procedure in place and people felt confident about reporting any concerns they had. We made one recommendation in relation to meeting the accessible communication standard.

Staff felt supported and well trained. They received supervision as part of their professional development. The service worked with health care professionals to meet people's nutritional and health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our we led findings below.

Good ●

Norewood Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection took place on 19 August 2019 and was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all other information available to us, including notifications. Notifications are information about specific incidents

and events the provider is required to send us by law.

During the inspection-

We spoke with nine people using the service and two relatives. We spoke with seven members of staff, including two nurses. We spoke with the Quality Manager, registered manager and deputy manager. We reviewed three people's care records and looked at other documents relating to the running of the home such as quality assurance records, complaints and staff records.

Is the service safe?

Our findings

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

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Yes, I feel safe. It's home to me", "Safe? Yes. There is always somebody around and I've got my button" and "I feel very safe It's lovely here."
- Relatives told us "I have no worries about (relative) being here. If I am worried I can just ring and get information" and "I don't worry. I know (relative) is in good care. No way could I have coped with (relative) outside of this place".
- Staff undertook training in safeguarding adults and told us they felt confident and able about reporting any concerns to senior staff.

Assessing risk, safety monitoring and management

- We observed in the morning that an outside area was covered in leaves and twigs after recent bad weather. The registered manager confirmed that the area was cleared regularly and would be before anyone used it. It was cleared whilst we were carrying out the inspection.
- People had risk assessments in place according to their support needs. This included risk assessments in relation to skin integrity, falls risk and mobility. We found that in some cases records relating to risk management would benefit from further detail, such as the size of sling required when using mobility equipment. We fed this back to the registered manager.
- Where a risk had been identified there was an accompanying care plan in place. For example, if a person was identified as being at risk of pressure damage to the skin, there was a plan in place to describe how best to support the person in this area.

Staffing and recruitment

- The registered manager told us recruitment had been stable at the home. They were fully staffed with nurses though were looking to recruit more care staff. Whilst this was ongoing, some agency staff were being used, mainly to cover night shifts.
- People told us that staff came quickly when they needed them. Comments included, "Yes, enough staff", and "Yes, enough staff".
- Staff felt staffing levels worked well and were flexible according to need. It was evident they had been consulted with on deciding staffing levels throughout the day.
- There were two nurses on duty during our inspection and they told us that on occasion there would be three. They told us nursing cover worked well.
- Safe recruitment practices were followed, for example references from previous employers were sought

and a Disclosure and Barring Service (DBS) check carried out. A DBS check identifies people who are barred from working with vulnerable adults.

Using medicines safely

- There were suitable arrangements in place for the secure storage of medicines. These were locked away and only those authorised to do so were able to access them.
- There were arrangements in place to ensure that those people who required time critical medicines were administered them as required.
- Medicines arrived from the pharmacy in a monitored dosage system, which meant the pharmacy organised them in to the days and times they were prescribed. The registered manager was aware of NICE guidelines that recommend administering medicines from their original packaging and told us the provider was considering this for the future.
- Administration of medicines was recorded on medicine administration records (MARs). We checked a sample of these and saw they were completed accurately.
- Stock checks were undertaken regularly to ensure they were as expected and to give opportunity to identify any errors.

Preventing and controlling infection

- The home was clean and well maintained. We noted some odour on the first floor in the afternoon, however this was addressed straight away.
- People told us that staff used protective equipment when carrying out personal care. Comments included, "Yes, gloves and aprons. They have to get a new pair when they go to somebody else".
- People also commented, "Oh yes, clean. I get somebody in nearly every day" and "Very clean".

Learning lessons when things go wrong

- There were systems in place for recording any accidents and incidents that occurred in the home. All incidents were reviewed by the registered manager or deputy and this gave opportunity for identifying any themes in the types of incidents occurring.
- A root cause analysis was carried out for serious incidents and learning from these were shared with staff at team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving in to the home. The pre-admission assessment looked at areas such as mobility, skin integrity and spiritual and cultural needs.
- The pre-admission assessment was used to create individual care plans for people.

Staff support: induction, training, skills and experience

- Feedback from people reflected that they felt staff had sufficient skills and training to carry out their roles effectively. Comments included, "Yes, they have the right skills and know what they're doing" and "Oh yes. They know what they're doing. They're trained to look after me. They explain what they're going to do before starting to help me".
- Staff were positive about the training and support they received.

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

- People were positive about the food in the home, they told us, "Oh yes. I enjoy the food. Good quality and enough to eat", "The food is good" and "Lunch was exceptionally good. I will say if it's not. I'm fussy".
- We saw that people were able to eat in their rooms if they wished to. For those that wanted to eat in the dining area, lunch was served in a pleasant atmosphere. There were pictorial menus to assist people in making choices.
- We observed the chef talking to people to gain feedback on the food.
- One person received nutrition through a percutaneous endoscopic gastrostomy (PEG). We saw records to show that this was being managed in accordance with the person's support plan.

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

- We saw that staff had regular contact with other professionals and took action when they were concerned about a person's health.
- One person had a heel ulcer associated with their diabetes. We saw records to show that the wound was regularly assessed, and dressings applied.
- In one person's care records, we saw for example that the GP had been contacted in response to concerns about low mood and lack of appetite.

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

- The environment of the home was suited to people's needs. There were outdoor spaces for people to enjoy and lounges for people to socialise.
- We did note that some of the bathrooms were cluttered with moving and handling equipment and that overall there was a lack of storage space for equipment. We discussed this with the quality manager who acknowledged the lack of storage but told us the items were removed when people wanted to use the bathrooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us there were people in the home with DoLS applications submitted to the local authority but none that had yet been authorised. The registered manager kept clear records of applications that had been made.
- For people that lacked capacity in relation to decision making, we saw that the principles of the MCA were followed. For example, one person had bed rails in place but wasn't able to provide their consent. We saw that a decision had been recorded and made in their best interests.
- Relatives confirmed they were involved with decision making where it was appropriate

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy with the care they received. Comments included, "The staff are kind and caring. They respect my privacy and dignity", "The staff are wonderful" and "They know how I like to be looked after".
- We saw how one person became upset and a staff member noticed immediately and went to comfort them.
- It was evident families were able to visit and made to feel welcome when they did so. Comments included, "My family come in and yes, they are made welcome" and "My family come in and are made welcome".
- The registered manager told us there was no one in the home currently with needs relating to equality and diversity. However, they assured us that people of all backgrounds would be made welcome in the home and treated equally.
- We discussed training that was available in areas such as supporting people using services who identified as Lesbian Gay Bisexual or Transgender. The registered manager told us they would look in to the training available.

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

- People were able to discuss their care and support with staff. They told us "Yes, they ask me if I'm happy with everything. Yes, they listen" and "On the whole, they listen".
- It was evident that people were asked about and involved in decisions about their care. For one person, it was clear they had been consulted on the texture of their food. There was concerns about a risk of choking and it was clear this had been discussed with the individual. They had capacity to understand the information and had made a decision to carry on eating a normal textured diet, whilst understanding the risks involved.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged. One family member told us (relative) likes to be independent. Staff enable (relative) to be independent".
- We observed throughout the inspection how staff treated people with respect and were polite in their conversation.

Is the service responsive?

Our findings

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

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

Good: This meant people's needs were met through good organisation and delivery.

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

- Support plans were in place to describe the ways in which people wished to be supported.
- We found that some support plans would benefit from further detail. For example, one support plan stated that the person should be offered frequent snacks due to concerns about their weight. The plan didn't give details about the particular snacks this person enjoyed. We fed this back to the registered manager.
- There was a keyworker system in place at the home, however staff feedback was that it wasn't currently working well. A keyworker is a member of staff with particular responsibility to support the wellbeing of the person they are matched with.
- We discussed the keyworking system with senior staff and the deputy manager told us this was something they were aware of and looking to develop further.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We met one person with a visual impairment but saw that their care plan was produced in normal sized print. The registered manager told us they would be able to produce a larger format version if requested.
- We recommend that care plans are produced in line with people's assessed communication needs as required by the AIS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There were activity coordinators working in the home. They told us they were always looking to expand the activity programme and find new things to keep people engaged.
- Links with the local community had been built. We were told for example that a local primary school visited to carry out activities with people. There was also a mother and toddler group taking place at the home.
- The activity coordinators told us they would try to spend time with people in their rooms if that is what they preferred.
- People told us "There is a weekly programme of activities. Yes, I enjoy it" and "Oh yes, I take part in

activities. I enjoy it".

- There hadn't been any organised trips out for people over the summer and we discussed this with the registered manager. They told us that families took people out on an individual basis and that group trips out depended on people's wishes and physical abilities.

Improving care quality in response to complaints or concerns

- There was a process in place for managing and responding to complaints. We saw example of complaints that had been addressed and outcome letters sent to the complainant.
- It was evident that people felt able to raise their concerns if they had them. They told us "I would speak to the staff if I was unhappy but I've no complaints" and "I'm definitely able to chat with the staff. They are very understanding".

End of life care and support

- There was space in people's records to record their wishes in relation to end of life. This provided space to give details about religious considerations for example and any specific needs or worries.
- This section wasn't completed fully for everyone, however we discussed how some people didn't wish to discuss the topic with staff and that for others they would revisit the subject at a time when they were ready to do so.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive atmosphere in the home with people expressing that they were happy and content. When talking about the home, people told us "Yes, I would recommend it. I have already recommended it to a friend", "Brilliant 10 out of 10" and "1st class quality of care".
- People were involved in decisions about their care and support and this was evident in their records.
- People and their families had opportunity to attend resident and relative meetings. These were an opportunity to hear about important developments in the home and any other important information.
- We saw thank you cards from friends and relatives which reflected on how positively they felt about the home. Comments included, 'Thank you to everyone at Norewood Lodge who has cared for and shown so much kindness to mum'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was aware of and understood the duty of candour. We saw evidence of the manager writing to families about incidents in line with this duty.
- The registered manager made notifications in line with legislation and we saw that the rating from our last inspection was on display in the home.
- There were systems in place to monitor quality and safety in the service. There was a Quality Manager for the organisation supporting the home.
- Regular checks took place to ensure the home was running as it should and this also fed in to an action plan. We saw that these actions were monitored to ensure they were completed.
- The quality manager had a weekly call with the registered manager to discuss quality and progress on the action plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others.

- We saw how people were treated well and the registered manager assured us that everyone would be treated equally. As part of our discussions around this, the registered manager researched further avenues

for training in relation to equality.

- The registered manager told us how one person who was Roman Catholic received communion each week as part of their faith.