

Silverfield Care Management Northfield Manor

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Northfield Manor 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. During our inspection 38 people were living at the service. The home has two areas, one of which provides more specialist support for those people living with a dementia or that may have cognitive impairment. The home has gardens with a greenhouse, vegetable allotments and chickens. Parking is available on site. The home is located on the outskirts of Drifffield in East Yorkshire.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good with outstanding in the key question Responsive. There was no evidence or information from our inspection and on-going 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.

This inspection took place on the 16, 19 and 20 July 2018 and was unannounced.

Staff had exceptional skills and expertise which empowered people and their families to be involved in the care planning and review process. Management supported staff by offering specialist training in dementia care. This supported them to achieve person centred care that was responsive in meeting effective outcomes for people.

Relatives and records showed that staff were active in their approach and worked above and beyond to ensure people had the right support in place. Staff had a deeper level of understanding when supporting people with a dementia. Advice and guidance was sought from health professionals and best practice tools were utilised to support innovative working with individuals.

Relatives told us that words could not describe the patience and kindness of the management and staff team at this service. People were supported to freely express themselves and staff supported people and their relatives to have a voice. Relationships had been built on trust and excellent levels of communication to maintain relationships for people.

Staff took time speaking with people and their relatives to capture detailed information about what was important to them. This was used to support people to maintain their life skills and achieve their ambitions. People talked passionately about the intergenerational working with the local school and told us about the positive impact this had on their lives.

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

Risk assessments had measures in place to mitigate risks such as, choking or falls. Records were in place to monitor those that had identified risks and these were analysed regularly by the management team. Best practice guidance was available for staff if needed.

The provider had various quality assurance processes in place to maintain good practice and improve quality standards within the home.

People were protected from avoidable harm and abuse. Staff had received regular training and were knowledgeable about how to report any incidents. Systems and processes supported staff should they need to report a safeguarding incident.

Staff responsible for administration of medicines received regular training and competency checks. We found some areas of concern around the storage and recording of medicines. These were addressed by the registered manager as part of this inspection.

The provider monitored safe staffing levels and had robust recruitment checks in place. Staff felt supported in their role and received regular supervisions and annual appraisals. Opportunities were available to develop their skills further through additional training courses that were offered to them.

Staff were seen promoting people's dignity and respecting their privacy. People were encouraged by staff to maintain their life skills by completing tasks they could do for themselves. This ensured they remained as independent as they could be.

Management considered people's equality and diversity, ensuring communions were available for those that wished to attend. Staff ensured that people's preferences and choices were valued.

Systems and processes were in place to support people should they need to raise a complaint. Relatives and people living at the service felt confident the registered manager would address any concerns appropriately. Staff felt confident to use the whistle blowing procedure if they needed to.

The provider sought feedback from people and their relatives to improve the service and lives of people living at the home. Staff and relatives told us the registered manager was approachable and always available should they need to speak with them. We observed that the registered manager and their deputy were visible to staff always and an open-door policy supported them.

Relatives described the atmosphere as very homely, relaxed and happy. This created a very warm and welcoming environment where staff enjoyed working and people and their relatives felt a part of the community.

Further information is in the detailed findings below

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?

Outstanding ☆

The service has improved to Outstanding.

Is the service well-led?

Good ●

The service remains Good.

Northfield Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on the 16, 19 and 20 July 2018. The inspection was unannounced on the first two dates and on the final date we announced our visit to ensure someone would be available to receive our feedback.

The inspection team consisted of one adult social care inspector.

Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding teams and obtained the latest reports from the local fire service. We reviewed information the provider sent us in the Provider Information Return. 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 the inspection we spoke with three people receiving a service, three visiting relatives and a health professional. We spoke with two staff, the cook, activities co-ordinator, development manager, deputy manager, registered manager and the nominated individual.

We reviewed a range of records which included care plans and daily records for three people and five staff files. We checked staff training and supervision records and observed medicines administration. We looked at records involved with maintaining and improving the quality and safety of the service. We used a Short Observational Framework Inspection tool, which helps us to observe and record the experiences of those people unable to express their views about the service.

We spoke with a further two members of staff and one relative following the inspection.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they felt safe living at the home. One relative said, "I would not have booked my holidays if I didn't think that [Name] well looked after and safe." Staff had completed safeguarding training. One member of staff advised, "I would report to my care manager and I am aware I can report to safeguarding and CQC if I felt the need to. I am confident [Name of registered manager] would deal with any issues appropriately."

Care records were reviewed regularly to reflect people's changing needs. For example, one person had lost weight; cream was used to fortify their meals and weight checks recorded each month. Relatives told us, "Staff know what's normal for [Name] and if unwell they get the GP to check [Name] out. They respond quickly and get advice or appropriate attention."

Risks assessments were in people's care plans and provided staff with detailed guidance on mitigating the risks to people. The registered manager was very proactive in looking at alternatives to support people. For example, they challenged the use of bed rails if they felt alternative options such as low beds and crash mats would be a better solution. This showed us that people were not restricted unduly and that the manager considered every available option open to them in their best interests.

We found some issues around the storage and recording of medicines. For example, eye drops with a 28 day shelf life did not have dates of opening on them. One bottle of eye drops had a sticker on the box to advise staff to store in the fridge, these instructions had not been adhered to. However, the risk to this person was low as the provider has confirmed this person was in hospital at the time of our inspection. The provider had evidence from the manufacturer to support that storage of these eye drops outside of the fridge would not limit the effectiveness of the medicines. In addition, some body maps for prescribed creams were not available for us to view. Medicines for pain relief were not always monitored to ensure they were effective in managing people's pain. However, the registered manager took immediate actions to address these during the inspection. Following the inspection, we received further information which demonstrated the registered manager had improved systems in line with best practice.

The home environment, equipment and utilities had been checked to ensure they remained safe to use. Records included personal emergency evacuation plans which detailed where people were located, level of support required, methods of assistance and guided staff on actions to take if people chose not to vacate their rooms. This ensured that people were made safe in the event of an emergency.

Prevention and control of infection was appropriately managed. We observed staff wearing personal protective equipment such as aprons and gloves during medicines administration.

We observed that staffing levels were sufficient to meet people's needs. We asked people whether they felt

staffing levels met their needs, comments included, "Usually, yes. They do what they can for us. No waiting" and "Very good." One relative told us, "Buzzers are answered quickly. The system in place is good as carers can tell which room is buzzing – staff don't have to assume anything."

The provider ensured safe recruitment practices were in place. Staff files recorded pre-employment checks such as references being obtained prior to staff being offered employment. This ensured they were of suitable character to work with people in a care home. One relative told us, "The registered manager is careful about who they employ. No staff are abrupt, they all have a real instinctual kindness and caring nature about them."

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People told us that staff had the right skills to meet their needs. One person said, "Yes, staff are good." A relative told us, "[Name of registered manager] works hard to ensure every person receives good quality care and support. [Name of relative] is well cared for." Staff told us care managers were always supportive and available for advice and guidance should they need it.

New staff completed an induction to the service including shadowing more experienced staff. One member of staff told us, "We receive all the standard training necessary that supports us in our role. We have opportunities to develop our skills through further training. I have attended training for supporting end of life care, dementia and I am currently in the process of completing my National Vocational Qualification Level two in Health and Social Care."

We observed staff that were competent when attending to people's care and support needs. Records confirmed staff received medicine competency assessments annually, supervisions three monthly and annual appraisals.

"People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

Records showed that where the provider had concerns regarding a person's capacity to make informed decisions assessments had been completed and best interest meetings arranged when appropriate. Where restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for further assessment and approval.

Staff understood the importance of asking for people's consent. One member of staff said, "We always ask for people's input. It's about their choices and what they would like to do. We use information from care plans to support people who find it difficult to make everyday decisions; such as offering choices that they may prefer."

Staff supported people's health and wellbeing. The cook had good knowledge about everyone's dietary requirements and preferences. They knew which people were diabetic, received pureed diets and for one person they had supported them to follow a diet of their choice. We observed staff supporting people at lunchtime in a dignified way when assisting them to eat and drink. They provided consistent encouragement and worked with people at their own pace.

Records confirmed referrals had been made to occupational therapists and speech and language therapists when considering people's changing needs. Care records included a "patient passport" providing personal

details to ensure people continued to receive consistent care and support should they transfer to another health service.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

Some people and their relatives had experienced poor care prior to their admission to Northfield Manor. They told us how the registered manager and their team of staff had shown compassion and care towards them. One relative told us, "[Name of registered manager] texts me to let me know what [Name] has done. Staff always make the time to have a chat with me about [Name's] health, what they have been doing in the day and what time they went to bed. It's the detail that staff go into that makes me feel reassured and happy [Name] is receiving the care they deserve."

One person told us, "They [staff] call us love and darling, as if they love us all you know. They are all so lovely and kind." One relative could not find words that expressed the standards of quality care provided by Northfield Manor, "The care is unbelievable. [Name] has put weight on and looks so much younger." A second relative told us, "I feel [Name] is loved by every member of staff, they really do care about the residents."

We observed staff consistently treating people with dignity and respect. One member of staff told us, "Some people require more privacy when visiting the bathroom, so we ensure they have access to the call system and allow them private time. We respect their choices." Staff talked to us about promoting people's independence and not taking over things that people were able to do themselves.

The staff approach was one of understanding and compassion, particularly towards people that were advancing in their later stages of dementia. This had a notable effect in that relatives had adopted the same approach and our observations showed people happily interacting with visitors as well as staff in meaningful ways which created a warm and welcoming atmosphere.

Staff spent time building relationships that considered the person and their life histories before their dementia. One person was sat at a table in the lounge area and had been encouraged by staff to show everyone their card tricks. They had a talent for hiding cards in their hands and then making them reappear – they were clearly enjoying the interactions. We observed a second person walking around confidently chatting and joking with visitors. It was clear everyone knew each other by first names. Staff were skilled at capturing and utilising people's interests to create an inclusive environment.

The registered manager and staff understood the importance of equality and diversity. Some people preferred female carers when carrying out personal care and this was respected. People had brought their own animals for companionship and the service recognised the importance of animals as therapy. The home also had a cat, budgie, chickens and tropical fish.

Information on advocacy services was available for people or their relatives should they need it. Staff received training so they understood when to signpost people. Advocacy seeks to ensure that people,

particularly those who are most vulnerable in society, can have their voice heard on issues that are important to them. The provider stored information securely and had taken measures to comply with the changes in data protection laws that came into force in May 2018.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service had improved to outstanding.

Staff excelled in their knowledge and understanding when supporting people living with dementia. The provider offered additional specialist training for carers that were identified as having an interest in dementia care. This included dementia awareness, responding positively to behaviours that may present in dementia, therapeutic activities and reminiscence therapy. The service had also invested to enable one member of staff to obtain their dementia care mapping licence through training at one of the leading universities for research in dementia. Dementia care mapping is a recognised approach to embed person centred care for those people living with dementia. It prepares staff to take the perspective of the person with dementia in assessing the quality of the care they provide. Some people had complex presentations and although monitoring had not identified specific triggers for one person, this made staff research the person's work history. Staff identified themes relating to their behaviours which they used to replicate meaningful interactions giving the person more purpose and increasing their self esteem.

Numerous relatives told us their loved ones who were living with a dementia had experienced exceptionally difficult circumstances prior to their admission into Northfield Manor. One relative told us, "It was difficult finding the right placement. I met [name of registered manager] and she was so amazing. Both [name of registered manager] and all the staff understood [name] was not being aggressive for no reason and that they were frightened due to their own experiences. No one labelled or judged [name]. Everyone worked tirelessly together and [name] has gone from strength to strength. Staff look at the needs of others around [name], so we don't have to worry about the whole family of residents. Staff are so in tune with what [name] needs, they don't just settle for what's ok. It's the love and care in this environment, they make such a difference. I never thought [name] would be happy again. We wanted someone to dig deep and find our [name] and they did that here." This showed us that staff considered each person as an individual and worked tirelessly to support equal opportunities to further enhance people's lives.

The service supported people within the community to be free from social isolation at important times of the year. Northfield Manor opens its doors to the local community during Christmas time to support those that may be lonely and isolated in their own homes. The service provides a roast lunch, tea and a gift as a gesture of goodwill. be lonely and isolated in their own homes. The service provides a roast lunch, tea and a gift as gesture of goodwill.

Activities focused on promoting the best outcomes for people's health and well-being. One person's face lit up as they handed us a newspaper article about the pre-school children that visited the service every week. They told us, "Oh they are lovely children. I really enjoy seeing them all, we do lots of things together and I love it." One member of staff had previously worked at the nursery and build strong community links with the local pre-school. An article in the pre-school magazine described how the registered manager had worked to introduce contact with school children to enhance people's lives. People living at the service were excited about approaching the pre-school managers to organise a plan of activities and interactions. This

involved consultations with people and their relatives to develop risk assessments and find common interests.

Staff and management had invested thought and time into making intergenerational working a success. The manager at the pre-school had mentioned in their article that one person had been reluctant to join in at first and described how they had slowly developed a bond with one of the children. This had resulted in the person becoming more involved in the care home community in general. The school manager went on to say in their article, "That was really quite poignant to see." This showed us the profound impact to people's quality of life.

One person that played piano at the service was accompanied by children that could play various instruments and everyone enjoyed singing along with them. Group yoga and exercise classes were held at the service for both children and people. Children supported people when baking cakes to celebrate birthdays for those people living at Northfield Manor. Indoor picnics were a favourite and the gardener supported by providing training on how to plant vegetables and fruits in the service's gardens. People had been invited to attend the school's nativity play at Christmas which opened opportunities to meet and interact with some of the children's parents. Photographs showed how a variety of activities had brought both people and the visiting children together.

Care plans contained detailed information about people's life histories, needs and how best to support them. Staff were extremely knowledgeable about people and their preferred routines and preferences. For example, one member of staff told us, "If [Name] shout for mum, it normally means they are in pain. If [Name] shouts for dad they may be frightened." Staff regularly contacted relatives to keep them informed of any changes and all relatives we spoke with felt that the service was going above and beyond to meet people's individual needs. One relative told us, "When we first came to Northfield Manor [Name of registered manager] told me it's your home as well now. I always feel included; the care here is exceptional." A second relative said, "Staff invite [Name] to help with washing and drying up. This is something they used to do all the time in their job and it gives them a purpose. The registered manager works hard to provide amazing individualised care. Staff really care about the residents." Staff talked about how they utilised a variety of different activities to improve people's motor skills or distract behaviours when needed.

Staff we spoke with had worked at the service for several years and talked proudly about people they cared for. Relatives told us having consistency of carers meant that they recognised signs and changes early on such as weight loss and were quick to seek the right medical attention. Staff had recognised when people's conditions were deteriorating. Regular discussions and reviews included close relatives and the appropriate health professionals. Medicines were closely monitored for any adverse effects and updates given to the prescriber. Records showed the responsive actions of staff in identifying the negative effects of some medicines. The timeliness of GP contacts and best interest decisions to ensure the right treatment and support was in place for each person. This had a profound effect on one person's ability to communicate and express their wishes through non-verbal communications. The management team ensured regular medicine reviews were scheduled so people received the right balance of support alongside prescribed medicines. This demonstrated the management team's attention to detail in supporting people and their relatives in a holistic approach without the need for medicines wherever possible.

Daily records were used to record information about people's routines and the care delivered to them. Best practice tools were used to identify people at higher risk of developing pressure sores, risk of falls and dehydration/malnutrition. Charts were in place to record food and fluid intake and repositioning. Staff told us each day handovers took place to ensure all staff were aware of any risks and how to manage them effectively.

Admission information was detailed and included people's history, interests, occupations and their level of independence. The home had considered the Accessible Information Standards to ensure people received information in formats they could understand such as large print or braille. Any specific requirements were recorded so that people transferring between services received consistent support with communication. The provider discussed people's wishes and preferences should their health deteriorate. This information was recorded in their care file and where people had agreed advanced care decisions were in place.

The provider had a complaints policy in place. One relative said, "I have no complaints." People told us, "I have no problems at all" and "I'm really satisfied with this place, its homely."

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission. 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. The manager had a clear understanding of their role and had notified the CQC of certain important events as part of their registration.

Staff we spoke with told us they felt the service was well managed. The deputy and the registered manager both had nursing backgrounds. Staff felt this provided them with a higher level of support and guidance. One member of staff said, "[Name of registered manager] is very approachable and fair. If I have any issues I am confident they would maintain my confidentiality." A second member of staff told us, "[Name of registered manager] notices when people need additional support and acts on it. They work hard to bring a variety of activities and trips to improve people's quality of life."

Relatives and people living at the service told us the communication at the home was excellent and they felt involved in all aspects of their care. One relative said, "The registered manager is always available if I need to discuss anything." We observed good communications between staff that worked together as a team. Noticeboards displayed daily activities, local newsletters, news on health and social care topics and daily chats were encouraged on topics that people could choose. A suggestions box was available for people to raise any concerns or compliments and leaflets were available on different topics such as sepsis and dementia research.

The provider had implemented quality assurance systems. Although some issues were not identified around medicines management, these had been addressed as part of this inspection and appropriate changes made to ensure practice was improved. The service worked in partnership with external organisations such as the Humberside fire and rescue service to ensure improvements were made to comply with relevant legislation.

The registered manager told us they maintained best practice by researching current topics and delivering mini training sessions to staff, the most recent one raising awareness around sepsis. In addition, the provider worked alongside external organisations to improve practices, such as the pharmacy and local commissioners that placed people. They completed regular training to ensure their nurse registration was validated and maintained. The registered manager actively sought feedback from people and their relatives to constantly look at ways to improve people's quality of life. When we asked one relative about the management and leadership of the service, they told us, "I couldn't praise this place enough, its fabulous. I recommended it to other people and my friend brought her relative here. I have no qualms at all."

The business plan in place identified the improvements to be made over the coming year and how this could be achieved. Business contingency plans were in place in the event of an emergency such as loss of utilities or severe weather conditions. These included key contacts numbers in the event of any emergencies occurring.

