

# Northwood Nursing and Care Services Limited

## Northwood Nursing and Care Services Limited

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook an announced inspection of Northwood Nursing and Care Services Limited. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might be not be available to assist with the inspection if they were out visiting people.

Northwood Nursing and Care Services Limited provides a range of services to people in their own home including personal care. People using the service had a range of needs but were mainly older people, some of whom were living with dementia. At the time of our inspection 48 people were receiving personal care in their home. People were paying for their own care and the support offered to them could be short or long term including providing 24 hour live in care and support to the person.

There was a registered manager in post. 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.

During our last inspection on 12 and 13 November 2015 the provider was not meeting the legal requirements in relation to ensuring people safely received their medicines, that risk assessments clearly outlined any identified risk to the person and/or others and the quality monitoring systems in place had not effectively picked up any issues in relation to medicines management and risk assessments. At this inspection we found that improvements had been made in these areas in order to meet the regulations.

Medicine Administration Records (MARS) were audited to ensure care workers were signing when they had administered medicines to people using the service. The medicine policy and procedure had been reviewed and it outlined the different types of medicine support given to people. Care workers followed the information recorded in people's care plans.

The general risk assessment had been updated and identified risks were recorded so that care workers knew how to safely support people.

Audits and checks had improved and were regular to ensure any areas of improvement were identified and action taken to ensure people received a quality service.

Regular office meetings were held with different staff members to ensure there was constant communication about tasks that needed to be completed and to ensure everyone had up to date information about people who used the service and care workers.

People and their relatives gave us complimentary comments about the service they received. People felt happy, safe and well looked after.

People's needs were assessed and care was planned to meet these needs. People's needs were regularly reviewed.

There were appropriate procedures to safeguard people and the staff were aware of these.

The care workers usually arrived on time and stayed for the agreed length of time. People had the same regular care workers.

People had consented to their care and treatment and were involved in decisions about their care.

People's healthcare needs were recorded and the care workers and senior staff liaised with other professionals to make sure these were met.

There was an appropriate complaints procedure and complaints were investigated and acted on.

Care workers received inductions, training and support. They enjoyed working for the provider and they felt they had the information and support they needed to care for people. They had been recruited in an appropriate way and their work was checked to assess how they were working. This was done through observing them in people's homes, meeting with them to discuss their work and asking for feedback from the people who used the service.

## 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.

The risks to people's safety and wellbeing had been assessed and there were plans to maintain individual people's safety.

People using the service said they felt safe when they received support in their home.

The provider had processes and training in place for the safe administration of medicines.

The provider had systems in place for the recording and investigation of incidents and accidents.

There were enough staff to care for people.

Recruitment procedures were designed to ensure staff were suitable to work with vulnerable people.

### Is the service effective?

Good ●

The service was effective.

The staff received the training and support they needed to care for people appropriately.

People had consented to their care and were involved in decisions about their care.

People's healthcare needs were monitored and the care workers liaised with other professionals to make sure these were met.

People were supported to eat and drink to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were cared for by kind, polite and caring staff.

People's privacy and dignity were respected and they felt involved in the care they received.

### **Is the service responsive?**

The service was responsive.

People's needs were assessed before care was provided.

People's care plans were individual to reflect their wishes and what was important to them.

People and their relatives knew how to make a complaint. There was a complaints procedure and complaints were investigated and acted on.

The service used different ways to gain feedback on the service so that any issues could be addressed.

**Good** ●

### **Is the service well-led?**

The service was well led.

Staff felt the service was well run and supported them in their roles.

There were appropriate systems for monitoring the quality of the service and making improvements.

**Good** ●

# Northwood Nursing and Care Services Limited

## **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 inspection took place on 21st and 25th April 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to be sure the registered manager and staff would be available.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we carried out telephone calls to eight people using the service and five relatives. We also emailed two healthcare professionals and one responded giving us their views on the service.

We also emailed 14 care workers for their views on the service and we received replies from six care workers. Questionnaires were also sent to people prior to the inspection and we received 18 from people who use the service, six from relatives, 25 from staff and two from community professionals.

During the inspection we spoke with the provider who was also the registered manager, the managing director, clinical lead, administrator and senior co-ordinator.

We viewed a variety of records including recruitment and training details for four care workers, care records for four people using the service and a sample of audits carried out.

## Is the service safe?

### Our findings

At the previous November 2015 inspection we had made a breach in relation to medicine management. At this inspection we found improvements had been made to the checks carried out on Medicine Administration Records (MARS). We saw where there had been medicine errors these had been investigated and care workers had met with senior staff to look at the support they required such as re-training on this subject.

There was a medicine policy and procedure in place which outlined the different levels of support given to people using the service. It was clear if people did not have capacity to manage their own medicines then care workers needed to clearly record on the MARS if they were administering medicines to the person.

If people were either prompted or reminded to take their medicines and had capacity to make these types of decisions this was recorded on daily care notes. One care worker told us, "I would monitor how many times I need to prompt a service user and if I had concerns about this I would contact my manager." All of the care workers we asked could explain the difference between prompting and administering medicines.

Care workers followed the information within the person's care records and what was recorded on the MARS and we were told they did not stop administering any medicines on the advice of a family member. Any changes had to be checked with their GP and then with the pharmacist.

Feedback from people using the service and their relatives on the medicines tasks care workers carried out was complimentary. "Medication they do very well very thoroughly, they have to sign the file each time. They proactive approach is fantastic. They alerted me when a flue jab and annual blood test were due"

We saw for one person where they had specialist equipment to receive their prescribed medicines, the clinical lead working in the service implemented a trial where care workers recorded each time the person had requested an additional dose. This trial was used to identify if the person increased requests for extra doses of their prescribed medicines signified a change in the person's needs. This information was fed back to the specialist community team who checked on this person and they saw evidence that the person's agreed usual dosage needed to be reviewed in order to meet their current needs. Through having this trial and documentation in place the person was made more comfortable and stable.

Care workers received training on medicines management and confirmed they received training on using specialist equipment for example pumps and medicine patches. Each year care workers were observed and assessed on their competency to carry out tasks involving medicines. This was more often if there were any concerns or issues about a care worker.

At the previous November 2015 inspection we had made a breach in relation to risk assessments and that they did not record in detail specific risks people faced. At this inspection we saw there had been improvements to the general risk assessment and that within people's care records any identified risk had been noted along with a description on ways to minimise the risk occurring and how to support the person



safely. Before people started using the service they were visited by a senior member of staff who assessed the risks in their environment and with their care. Risk assessments considered different areas, for example, if the person was at risk of falling this was recorded along with any equipment they might use to help them mobilise. If the person was at risk of malnutrition then this was noted along with a separate food chart that needed to be completed.

If a person was going out into the community with care workers this was assessed to ensure the person was supported appropriately. One person enjoyed going out and with the aid of a risk assessment on their wheelchair, which determined it could be fitted into the care worker's car, they now went out of their home with support.

Care workers confirmed risk assessments were in people's homes. One care worker said, "As a carer we risk assess every time we go into a service users home and report to the office if anything changes so that a new risk assessment form is completed." Risk assessments were reviewed on a regular basis to ensure any potential risk was checked and was still relevant for the person.

Equipment in people's homes was recorded and those that required checking and servicing by an external organisation were noted on the system. This informed staff of when the servicing was due to ensure people and care workers were continuing to be supported and use safe equipment.

People were positive about the service and confirmed they felt safe using it. Comments included, "I am completely satisfied with the service," one person said they felt, "Completely safe" and another person told us they felt "Very safe" using the service.

There were appropriate procedures for safeguarding vulnerable people. The staff were made aware of these during their induction and they had annual training about safeguarding adults. We saw evidence of where there had been concerns about a person's safety and that there had been regular contact made with the health and social care professionals. The service had highlighted the issues staff felt this person faced and the registered manager had appropriately reported the concern to the Care Quality Commission (CQC).

Many of the care workers confirmed they supported people on a regular basis. They all told us they received a rota which we saw was being sent out to care workers for the following week. One care worker told us "Yes I do have a weekly rota and work with the same clients. Continuity of care is important and this is recognised by the company." We saw from the rotas we viewed that the live in care workers received a break of three hours each day from caring and had one ten hour break every week to ensure they had the appropriate amount of time off work. The managing director told us that rotas were organised to allow travel time between each visit so that the care workers were not late, unless there was an unexpected delay.

People and their relatives spoke about time keeping for their planned visits. They told us the care workers, "Arrive very very promptly always, I don't recall them ever being late," "Yes they usually are on time, they are very good. They usually ring if they are going to be late" and "They are very punctual, I like that, and let me know if they are going to be late. At the weekend they are sometimes a little late, but only quarter of an hour." Some people had an electronic call system so that the service could monitor that visits were being carried out on time. This was particularly important for the most vulnerable people and the office staff could see if any calls were running late. Many visits did not have this system in place but office staff would be alerted by either the care worker or the person using the service if there were any issues. We saw a record of late and missed calls. This enabled the senior staff to take action if necessary and see if there were any patterns or trends to this problem.

There was a 24 hour on call system where senior staff were available for the care workers. In the event of bad weather the registered manager confirmed that plans would be put in place to ensure visits took place. This might involve office staff driving care workers to visits to ensure people's needs were met.

The recruitment checks included a formal interview, written and literacy test and checks on the person's identity, references from previous employers and criminal record checks. We saw evidence of recruitment procedures in the staff files we examined with all the required checks in place. The recruitment process was detailed and training was offered to potential care workers prior to them officially being recruited so that senior staff could assess the candidate's suitability to work for the service.

## Is the service effective?

### Our findings

People spoke about the skills of the care workers. One person told us they felt the care workers were "Very well trained". Whilst another person said, "I think they (care workers) are well trained, I am very happy." Relatives also spoke favourably about the care workers. They commented, "All carers seem to be very well qualified and have common sense" and "We had very specific needs and Northwood (the service) got the right person to start, perfect."

Staff confirmed they felt supported by the management. A care worker told us that if they wanted more training they "just ask if there is any additional training that they (the service) do not currently provide and they will arrange it." Other care workers commented, "Communication is good. The manager is good," "they are one of the best employers I have ever worked for and genuinely care for their service users and staff. Their training is excellent" and "They (management) give us lots of support if we need it. They are 24/7 on call."

Care workers received the majority of their training from the staff working for the service. We saw that many of the senior staff had trained to be a trainer which meant care workers did not have to wait for training. Subjects included, safeguarding adults, medicines management, person centred care and moving and handling. We saw evidence that care workers were assessed to ensure they were mobilising people safely, carrying out medicines appropriately and using any specialist equipment in the correct way. This was checked every year to ensure people were continuing to be assisted in a safe way.

One of the care workers also wrote an article each month in the local community magazine. This developed their knowledge and confidence and also provided the community with information on care. The latest article was on 'What makes a good carer'.

New staff, if they did not hold a nationally recognised qualification in social care, (which they were supported to study) also signed up to complete the Care Certificate modules. The Care Certificate are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support.

Care workers confirmed that checks were carried out on their work, which we saw evidence of. People using the service also said, "They do checks on the carers, they ring me to tell me they are coming to check on the carers and ask if that is okay. The carers don't know they are coming to my home." The spot checks took place to ensure that care workers were doing the tasks they should arriving on time and were appropriately representing the service, for example wearing their identification badge.

Care workers also received an annual appraisal of their work and one to one meetings to support them in their role.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions 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. We checked that the service was working within the principles of the MCA. The registered manager understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care.

There was one person waiting for the appropriate mental capacity assessment to take place by a qualified professional. We saw evidence that the registered manager and other staff from the service had raised concerns and had made several requests for the person's capacity to be assessed and for appropriate support to be put in place for their best interests. The registered manager and director continued to consult with other professionals to ensure the person's needs were being met. The registered manager confirmed there was no-one who had restrictions placed on them.

The service requested copies of the legal documents if relatives or friends had Lasting Power of Attorney (LPA) in place. This was particularly important to have for some people for health and welfare as by having this the nominated persons could have the legal right to contribute and have their say on how a person using the service should be supported and cared for. People's care records clearly stated if any LPA for finances or health and welfare was in place.

People told us they were involved in planning their care and being a part of how they wanted to be supported. Their feedback included, "Oh yes, I could have more help if I choose to" and "We have a chat and decide amongst ourselves (person using the service and the care worker)." Relatives also confirmed, "We are all involved" and "She (the care worker) knows how look after her (person using the service) and she tells me if there is anything I need to know."

The care workers told us that they received training on the Mental Capacity Act 2005, which the training records confirmed. One care worker explained that "I treat them (people using the service) with respect and dignity. I will help them to make their own decisions and support them. Another care worker described that they "Encourage and support the client to make their own decision. They can decide what they want to wear and what they want to eat."

People commented favourably on the meals they received from the care workers. One person commented, "I am very happy with them. They do meals very well I decide what I am going to have." One relative said, "She (care worker) saved her (person using the service) life, when she got her to eat. The care worker is so imaginative with food. They encouraged her to eat and she improved no end."

We were informed that four people using the service required close monitoring and recording of the food they ate. We saw when this had been identified as a concern then a separate food chart was completed and checked by the office staff each month so that any significant changes could be acted on and referrals made to the GP. One care worker said, "I record what clients eat as an accurate record allows one to easily identify any changes of appetite that may occur. As a sudden decrease in appetite could be an indicator that all is not well with the service user." One person was also monitored for their fluid intake as they were at risk of dehydration and we also saw a separate record was kept and checked so that care workers recorded clearly the amount people drank at each visit.

People's health needs were recorded on their assessment and care plans. We saw evidence that the staff

had regular contact with healthcare professionals so that they could communicate if there were any issues and look at the best way to support the person. Most people were supported to attend health appointments by their relatives but where care workers did support people with appointments a healthcare professional told us the care workers were, "Thoroughly involved, caring, kind and appropriate."

## Is the service caring?

### Our findings

We asked people and their relatives if they were happy with the care and support they received from the service. Feedback on the service was very complimentary. People told us, "The service is very very reliable and excellent," "they (care workers) are very courteous, helpful and kind" "The care workers were friendly, provided companionship and conversations" and "They have always provided an excellent service, even at very short notice."

People went on to comment in particular about the care workers. They told us their care worker was a, "Lovely lady kind and caring, almost a family friend", " I get on very well with the carer" and "I look forward to her (carer) coming she is a great person. We have a lot in common and are talking all the time."

Relatives also spoke highly about the care workers. They said, "They provide excellent carers and they are carers who care. Every carer has her (person using the service) best interest at heart," "They have been fantastic, they seem have the right sort of people and take time take time to match the carers with the clients", "Northwood Nursing provides an excellent service and their friendly, caring and professional attitude means that my father always looks forward to their visits" and "You only have got to see her (the care worker) with my mother, she is very kind and very caring. She looks after her very well, the carer is top class couldn't be better"

People using the service were asked if they felt the care workers supported them in maintaining their independence. People said they were assisted to do tasks for themselves. They told us, "They (care workers) do encourage me to be as independent as possible. They sit and watch me to do things and will help if needed" and "They (care workers) give me help when needed."

A healthcare professional gave us an example of where a person with complex needs was able to remain living in their own home due to the "responsiveness and care" the person received from the care workers. They also went on to confirm that they would "recommend them 100% in all respects."

A care worker told us that they "Would want my family to be cared for by the agency" and another staff member also confirmed that they would be happy to use the service for their family member. Other comments from care workers included, "I believe the service user is treated well and respected by all members of staff," another said that they "Respect their (people using the service) choices and decisions and not to limit their lifestyle. Our role as carer's is to enable and not restrict."

Where possible care workers were matched to people's needs and requests. If a person spoke a language other than English then the service aimed to match a care worker who could communicate with the person in their first or preferred language.

People's preferences were recorded so that care workers knew how to support a person in a way they wanted. A group of care workers had spent time working at a local hospice so that they could gain more of

an understanding on how to support people with their end of life care. People's end of life wishes were documented if this had been discussed with the person and their relatives or friends.

## Is the service responsive?

### Our findings

People's needs were assessed before they started to use the service. Information about the person and their wishes was gathered prior to the initial meeting so that staff could see if there were care workers available for the visits. This was then negotiated with the person to ensure they agreed to the support being offered. We saw the assessment carried out on people. This included looking at their various needs and any particular requirements that they might have.

Staff confirmed that if a person was admitted into hospital their needs would be re-assessed to ensure there were no significant changes to the care and support they required. Staff told us that prior to a person being admitted into hospital, if they agreed, their skin would be checked to ensure that their skin was intact with no red areas. This was important to assess so that the service was clear what the person's needs were whilst they supported them at home prior to any admission into hospital.

Furthermore, before a person was discharged from hospital the service had devised their own hospital discharge form. Staff from the service would liaise with other healthcare professionals and family members to make sure that the person's move back to their own home was as smooth as possible and that all equipment and medicines were in place prior to discharge.

A care plan was developed after the assessment and we saw evidence that where possible people had signed agreeing to the contents of their care plan. A relative also confirmed "The care plan is agreed between my wife, myself and the agency" The care plan gave the care worker details of the person's needs, which included their personal care and mobility needs. Details included what the care worker needed to do whilst visiting the person and what they could do for themselves.

A care worker confirmed that if a person's needs changed then they would "Contact my manager to discuss this with them and explain my reasons for the changes. They will then arrange a review." A second worker stated that if there were any changes "We report this to the office." Another care worker said, "Communication is excellent as they (the office staff) will update carers of any shift changes or condition of service users by text or phone calls, whichever is the most appropriate."

All the people using the service and relatives who we spoke with stated that the care workers did all the tasks they were supposed to do during their visit. A healthcare professional told us, "I have always found the agency to be responsive and reliable."

Where people might have memory issues, or were living with dementia then one of the ways to remind them of who was visiting them was to offer them a photo board of the care workers and other members of staff who would be visiting them at home. For some people this could provide them with the reassurance they needed so that they did not feel as if strangers were visiting them.

People and their relatives were given the opportunity to give their views on the service in various ways. They were sent an annual satisfaction survey which the results we saw had been analysed for 2016. The feedback



that we saw was positive. The registered manager had then sent a letter to people using the service with a summary of the results and outlined areas that would be or had been improved.

People were recently given again the complaints policy and procedure, which we viewed, as in the 2016 satisfaction survey some people had said they were not sure how to raise a complaint. People and their relatives told us they understood how to report any concerns or complaints about the service. Comments included, "No complaints in any direction," "In all the years, I have had no complaints" and "We have quite a good relationship with agency, if we had any problems it would be sorted out pretty quickly."

## Is the service well-led?

### Our findings

At the previous November 2015 inspection we had made a breach in relation to the quality monitoring systems that were in place had not identified issues with medicines management or risk assessments. At this inspection we saw that there were regular audits on Medicine Administration Records (MARS) and the risk assessments had been amended with clear risks noted in people's care records.

The system the service had in place informed senior and office staff when certain tasks needed to be completed. This included when people's care records were due a review and when care workers were due supervision. Staff employment files had been checked to ensure relevant documentation had been obtained and information was available.

MARS were checked each month when returned to the office. Each person who used the service had a 'key carer' and they were in charge of checking any documents that needed to be completed by care workers. The managing director also carried out checks on MARS so that they could be certain care workers had completed these correctly and any issues could be quickly picked up and addressed. Documents were scanned onto the system so that information could be viewed and monitored at any time.

We saw a protocol was in place so that staff were clear about what documents needed to be returned to the office and what should be read and checked, for example each month the daily nursing and care notes were read through. This enabled any problems to be identified, such as missing information or poor and negative language used in the daily notes. Any shortfalls could then be looked at with the relevant care worker to ensure they were reminded of their duties when visiting people.

We observed part of the meeting held within the office twice a day. This was where important information was shared about people who used the service and it identified who needed to carry out any specific tasks for that day. Other meetings also took place with the care workers and clinical staff, as there were nurses working at the service, so that every staff member had the chance to hear news about the service, share ideas and look at ways to improve the service.

Care workers spoke highly about the registered manager and support that they received. Comments included, "There is nothing that could improve this agency, in my opinion. They are the best agency I have ever worked for," "I am very well supported by the agency/manager. If I have any concerns I can phone them anytime for concerns/guidance" "The manager is professional, fair and caring," "This is a really good company" and "They (management) are flexible, treat us with respect and as an individual. They like to hear our feedback."

Additionally staff commented positively on the running of the service. Comments included, "I believe the company I work for work to their best ability to ensure everything runs smoothly and effectively." All staff were given a survey to complete once a year to comment on the service and the support they receive. We saw the feedback had been positive and the results were fed back to staff at meetings.

The registered manager, who was also the provider, is a registered nurse with many years' experience in health and social care. The operations manager was studying for a management qualification and the managing director already had obtained this qualification. The registered manager confirmed they kept up to date with colleagues working in the care sector in other areas such as Hertfordshire where they could hear updates on good practice. They also went to workshops that were run by other care organisations. One had been on the subject of falls which was important as people using the service were often at risk of falling.

The director and registered manager explained they ran seminars on social care topics for both people using the service, their relatives and the local community. One relative told us, "They ran a seminar by invitation, free of charge for family members and friends, it was quite well attended. Also they (the staff team) do lots of sharing of information for example on Dementia."

The service had also been accredited by Investors in People which were an organisation who assesses a service against a set of standards. In particular recognising how good the provider is in leading, empowering and supporting the staff team.

The service had a business plan in place. This looked at the aims and objectives of the service along with plans to continue to offer a good quality service to people. The plan recognised valuing both the people using the service, through doing a range of things such as sending birthday cards to people using the service and by ensuring the registered manager and managing director visited every person using the service. Staff would also continue to be praised for the work they did and long service awards would be given to staff. The service had employee of the month where staff who worked well or did something over and above the agreed tasks were named and thanked, along with a financial reward.