

Northfield Care Centre (Thorne) Ltd

Northfield Care Centre

Inspection report

Chace Court
Thorne
Doncaster
South Yorkshire
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Tel: 01405816042

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20 January 2022

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Northfield Care Service is a care home. The service can accommodate up to 80 people in a purpose-built building across four units and provides personal and nursing care for older people, including people living with dementia. There were 46 people using the service at the time of the inspection.

People's experience of using this service

People had benefitted from improvements to the quality and safety of the service. Following our last inspection. The registered manager and provider had devised an action plan and continued to make improvements and embed these changes into the running of the service. There were still some improvements required in regard to infection control, medicines management, the meal time experience and the environment. However, these had been identified by the provider quality monitoring system and were being embedded into practice.

We have made a recommendation about improving the meal time experience for people who use the service.

Relatives felt listened to and told us complaints were appropriately dealt with and resolved. People told us their views were obtained to continually drive improvements. Feedback from staff was extremely positive about the improvements to the service, they worked better as a team and were well supported.

Staff ensured people's safety and people told us they felt safe. Staff understood safeguarding and whistleblowing procedures. There were sufficient staff employed to meet people's needs and staff respond to people's needs in a timely way. The provider operated a robust recruitment process and monitored accidents and incidents, which ensured staff learned lessons when things went wrong. Risks to people were identified, assessed and managed. People were protected from the risk of infection. Staff followed safe medicines management systems and people received their medicines as prescribed.

Staff were well-trained and received supervision and support. They were knowledgeable about people's needs and provided person-centred and individualised care. 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.

People had access to health care professionals and staff worked closely with professionals to ensure people's needs were met. Professionals working with the service gave positive feedback about the improvements in the care and support people received.

People told us staff were extremely kind and caring. Relatives were also positive about the care and support provided. They told us they had noticed improvements over the last few months since the new registered manager had been in post. Staff understood people's needs and respected their dignity.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 9 July 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 9 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northfield Care Centre on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Northfield Care Centre

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type.

Northfield Care Centre 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.

The service had a manager registered with the CQC. 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 was unannounced. Inspection activity started on 11 January 2022 and ended on 20 January 2022. We visited the home on 11 January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. 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 used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided.

We received feedback from professionals who worked with the service. We spoke with 14 members of staff including the nominated individual, operations director, registered manager, residential manager, registered nurses, care staff, ancillary staff and wellbeing leads. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records, medication records and weight records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider failed to ensure safe medicines management. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider's quality monitoring systems had identified staff did not always record when they administered people's medicines and action was being taken to ensure new systems were embedded into practice.
- People received their medicines as prescribed and staff administer medicines safely. Improvements had been made to management of medicines since our last inspection. For example, protocols were in place to support staff to administer medicines.
- Staff received training in medicines management and the registered manager assessed their competency in administering medicines.

Preventing and controlling infection

At our last inspection the provider failed to ensure safe infection prevention and control measures were in place. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We identified some minor infection prevention and control (IPC) issues which had not been identified by the provider's quality monitoring systems. For example, plastic storage draws in the bathroom need cleaning and toiletries removing. These were actioned immediately by the registered manager.
- The provider had a system in place to manage IPC and staff were kept up to date with latest guidance and requirements.
- Staff were provided with personal protective equipment (PPE) and followed good IPC practices. They always wore masks and wore appropriate PPE when delivering personal care.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager assessed and managed risks to people to keep them safe from avoidable harm. Staff supported people to take positive risks to maintain an independent lifestyle.
- Improvements had been made to managing and responding to weight loss, incidents and accidents.
- People and their relatives were involved in their care planning as much as possible and care records detailed people's involvement. Relatives told us they were extremely happy with the care and support people received.

Staffing and recruitment

At our last inspection the provider failed to ensure staff were effectively deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff deployed during the day and at night to meet people's needs. The registered manager had employed additional staff and used a dependency tool to assess the number of staff needed to support people safely. People and relatives told us there was always staff available. A staff member told us, "If we are short staffed agency is used, if there is last minute absence there is an on-call system and the management come in and cover. This has happened and we do not work short staffed."
- The registered manager carried out appropriate recruitment checks prior to staff starting work to ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff made them feel safe. One person said, "The staff are lovely, I feel safe."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences. They also used audits to identify any shortfalls and put measures in place to improve practices and embed these into the running of the service.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had

effective measures in place to make sure this requirement was being met.

- All staff had been fully vaccinated against COVID19. The provider had seen evidence to support this.
- Staff and visiting professional's vaccination status for COVID-19 was checked on arrival and recorded.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Not everyone received the same support at mealtimes. People were not always given a choice of drink and picture menus were not always used to enable people to make proper choices about what they wanted to eat. Whilst the registered manager had taken some action to improve the support people received to eat and drink, further improvements were needed. They began to address these issues during the inspection.

We recommend the provider continues to monitor the meal time experience. To ensure people receive the appropriate support, and staff receive the appropriate guidance to ensure the improvements are embedded into practice.

- Care plans detailed people's likes, dislikes and any foods which should be avoided.
- Staff monitored people's weights and referred people to appropriate health care professionals when required.

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

- The provider had not made adaptations to the environment to make it more suitable for people living with dementia. They began making these improvements during the inspection and demonstrated a commitment to ensuring the environment continued to improve to meet the needs of people living with dementia.
- The environment was well maintained and pleasantly decorated. People had access to safe outside space and quiet areas to sit and see relatives in private.

Staff support: induction, training, skills and experience

- Staff received an appropriate induction and training to enable them to provide effective care. Staff responded to people's needs appropriately and followed best practice. One staff member told us, "I had a good induction and shadowed experienced staff first."
- Staff were well supported by the management team and received appropriate supervision. One staff member said, "Since the new manager has been here, we work as a team, we are very well supported. I feel very supported."

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.

- Staff and the registered manager followed the principles of the MCA. They were aware of their responsibilities and involved people as much as possible in day-to-day decisions. Where people lacked capacity, decisions had been made in their best interests and the relevant people were involved in the decision-making process. This was clearly detailed in plans of care.

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

- People's needs were assessed before any service was provided to ensure their diverse needs could be met. People's care plans included their preferences, choices and decisions and staff delivered care in line with best practice guidance.

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

- Staff worked well with health care professionals to ensure people's needs were met. Staff explained to us how they contacted and liaised with specialist professionals, including district nurses, GP's and speech and language therapists. We saw evidence in peoples care plans of professional input.

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 requires improvement. At this inspection this key question has now improved to 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; equality and diversity Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring. They showed compassion, respect and empathy and valued people as individuals. The management team lead by example and were passionate about ensuring people received the best possible care and support. Relatives were very positive about the care and support provided and told us they had seen vast improvements over the last few months. One relative said, "I am more than happy, the staff are lovely."
- Care and support was delivered in a non-discriminatory way. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People's privacy and dignity was maintained. For example, staff knocked on bedroom doors before entering and ensured curtains and doors were closed when providing any personal care.
- Staff promoted people's independence. We observed staff support people to do tasks in their own time. People we spoke with told us staff helped them and didn't rush them, they supported them to be independent.

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

- Staff supported people to make decisions about their care. We observed staff asked for their consent before supporting them.
- Staff learned about people's needs, history, background, preferences, interests and key relationships in order to provide person-centred care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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. 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

- People received personalised care. People's care plans recorded their likes, dislikes and what was important to the person. From our observations and what people told us, it was evident that staff understood people's needs and ensured care plans were followed.
- The provider employed a wellbeing lead and three wellbeing assistants who supported people to follow their interests and take part in activities.
- Staff supported people to maintain contact with family and friends and the registered manager had followed government guidance regarding visiting in care homes during the COVID-19 pandemic. They had also commenced the essential care give (ECG) role to ensure people were not isolated from family and friends to promote their wellbeing and positive mental health.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the standard and all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff followed people's communication care and support plans to communicate effectively with the people they supported. Relatives told us communication methods had greatly improved since the new registered manager had been in post.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and complaints were clearly recorded, including any lessons learned and resolution. Relatives told us they were listened to and concerns were taken seriously and resolved. One relative said, "I raised a concern, the manager got back to me and it was resolved."

End of life care and support

- People's needs were considered as part of the end of life care. Care plans were developed with the person to ensure they were person centred and included their wishes, choices and decisions.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to ensure sufficient and adequate systems were in place to monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Whilst improvements had been made to the quality and safety of the service, the provider's quality monitoring systems did not address all the issues we identified regarding cleaning, medicines records, mealtimes and the environment. The provider had an action plan to address these shortfalls but changes in practice were yet to be embedded. The provider had recruited a high number of new staff in recent months which had impacted on progress.
- The registered manager shared any learning from audits with staff to drive improvements. For example, they reviewed and analysed the findings of accidents and incidents and shared these with staff to prevent reoccurrence.
- Staff were happy in their roles and felt supported by the management team. They told us there was a consistent approach to ensure all staff were supported and well led. One staff member said, "Things have really improved since [registered manager] has been in post."

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

- The registered manager and management team demonstrated an open and positive approach to learning and development. They were passionate about improving the service to ensure positive outcomes for people they supported and staff.
- The registered manager told us the ethos of the service was to provide people with high quality care delivered by a competent skilled staff team.
- The registered manager understood their legal requirements and complied with their duty of candour responsibilities. People told us staff and management kept them informed of any issues and concerns and

were open and honest. Relatives spoke highly of the registered manager and told us they were kept informed of all changes and updates. One relative said, "The manager is 'Ace' [they] are open and honest and keeps everyone up to date."

Engaging and involving people using the service, the public and staff fully considering their equality characteristics

- The registered manager had systems in place to communicate with people who used the service, staff and relatives. We saw meeting minutes and people's views were sought and listened to, to ensure continuous improvement of the quality of the service. Relatives told us communication had improved and they were invited to attend online meetings each month. One relative said, "We are kept up to date with regular communication, the manager is brilliant."
- Staff meetings were held to get their views and to share information. Staff confirmed meetings were held regularly and were effective. They also told us the management team were very approachable and listened and they felt valued.

Working in partnership with others

- The registered manager had links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.