

HC-One Limited

# Northview Lodge Nursing Home

## 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

The inspection took place on 19 and 25 January and was unannounced. This meant the staff and the provider did not know we would be visiting. Northview Lodge was last inspected in May 2014. The service met all the regulations we inspected against at that time.

Northview Lodge is a care home with accommodation for up to 45 people who require nursing or personal care, some of who are living with mental health problems. At the time of the visit 36 people were using the service.

The service had a registered manager who had been in post for 5 weeks. 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. The previous registered manager had not deregistered with the CQC. This is being addressed outside the inspection process.

Relatives and people were very positive about the service. They were satisfied with the care and support they received at Northview Lodge. One relative said, "It is a really good place." One person said, "We all get along and I can have my room how I want it. I like that."

Staff had a clear understanding of safeguarding and whistleblowing. They were confident that any concerns would be listened to and investigated. Staff knew how safeguarding alerts were managed in the service. One staff member told us, "I would report any concerns to the manager, they would complete an alert to the safeguarding team." The registered manager had a record of all safeguarding alerts which showed appropriate action had been taken.

The service also had processes in place to manage complaints, accidents and incidents. Records were kept along with immediate actions, which showed the service responded to situations and learnt lessons from such events to reduce risk. Relatives knew how to make a complaint and were confident the service would respond appropriately.

Staff understood the Mental Capacity Act 2005 (MCA) regarding people who lacked capacity to make some decisions, and the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

Recruitment practices at the service were robust, appropriate and safe. All necessary checks were carried out before staff commenced employment, which meant suitable staff were recruited. We viewed staffing rotas and found the service employed enough staff to meet people's needs.

The service used an electronic system for training, with moving and assisting and first aid being delivered in

a class room environment. Mandatory training was up to date for all staff. Staff received regular supervisions and appraisals.

Policies and procedures were in place to ensure medicines were managed in a safe way. Records were up to date with no gaps or inaccuracies found. Staff were trained in the safe handling of medicines and received regular medicine competency checks.

Care records demonstrated person centred care with peoples' choices, independence and preferences being acknowledged. People had access to a range of activities in the home and in the wider community. People's dietary needs were assessed and monitored to ensure they had a healthy diet. One person said, "The food is lovely, lots of it and we have a choice." People were able to make snacks and drinks in communal areas.

People's healthcare needs were regularly monitored and assessed. Contact was made with other health care professionals, such as GPs, community nurses and the mental health team. Staff knew how to communicate with people in an accessible way using gestures and body language.

Support was given in a respectful and caring way. Staff maintained people's dignity and promoted independence in a sensitive manner. Relatives felt involved in their family member's care and were kept fully informed of any changes. One relative said, "I am in a couple of times a week so I am kept up to date with [family member]."

Staff and relatives felt the home was well managed by a supportive registered manager. One care worker said, "They give us a lot of support." One relative said, "There are meetings being arranged to discuss [family member's] care." There were no concerns raised by the other health and social care organisations we contacted.

The service had an effective quality assurance system which ensured different areas of the service were monitored in a timely manner. Regular audits were carried out by the registered manager and operations manager. A development plan and business case were in place for service improvements.

Records were in place to show the service carried out appropriate health and safety checks. The service had current certificates in place for health and safety, such as gas safety and electrical installation certificates and portable appliance testing. Risk assessments were in place to cover work practices. For example, moving and assisting and infection control.

## 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.

Medicines were managed in a safe manner.

Relatives told us people were safe in the home.

Effective recruitment processes were in place to ensure only suitable staff were recruited.

### Is the service effective?

Good ●

The service was effective.

Staff were suitably trained to support people effectively.

The service ensured people had access to other health care professionals.

People were supported to have a healthy and varied diet.

### Is the service caring?

Good ●

The service was caring.

We saw staff were respectful and caring in their approach.

People had access to information about advocacy services.

Relatives felt included in their family member's care.

### Is the service responsive?

Good ●

The service was responsive.

People were offered a range of activities to meet their social and recreational preferences.

The provider had a complaints policy and procedures in place.

Relatives and staff felt the service would respond to their comments and concerns.

## Is the service well-led?

Good 

The service was well led.

Relatives felt the home was well managed.

There was a quality assurance and information gathering system in place which was used to develop the service.

Staff felt the registered manager was approachable and supportive.

# Northview Lodge Nursing Home

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 19 and 25 January 2016 and was unannounced, which meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector and a specialist advisor.

Before the inspection we checked information we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us about incidents and events that happened at the service. A notification is information about an event which the service is required to tell us about by law.

We also contacted the local Healthwatch, the local authority commissioners for the service, and the clinical commissioning group [CCG]. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any concerns about the service.

During the visit we observed staff interacting with people and looked round the premises. We spoke to the registered manager, the operations manager, the administrator, two nurses, the activity co-ordinator and three support workers. We spoke to two relatives at the service and contacted two relatives who were happy to speak with us.

We viewed a range of records about people's care and how the home was managed. These included the

care records of four people, the recruitment records of four staff, training records and quality monitoring records.

# Is the service safe?

## Our findings

Relatives and people we spoke to had no concerns about the care and support they received at Northview Lodge. One person told us, "I feel safe, I have been here a while." A relative told us, "[Family member] is well looked after here, and he's safe. He would complain if he had to."

There were a range of policies and procedures to keep people safe. These included safeguarding policies and whistleblowing procedures. Staff had completed safeguarding training and demonstrated a good awareness of safeguarding and whistleblowing. Staff felt any concerns they reported would be acted upon. One member of staff told us, "I have no concerns about safeguarding or whistleblowing in the home for people or staff." Relatives were also aware of reporting concerns. One relative told us, "If I saw anything I would report it, we have no problem with that."

We reviewed the most recent and historical rotas. There were two qualified nurses on shift during the day and one at night. During Monday to Friday, the registered manager and deputy manager who were both nurses were also on shift. The registered manager told us, "I am readily available if I am needed to support the team on the units." The service also had five care staff during the day and four at night. Extra care staff were allocated when the need arose. For example, when there were specific activities happening or trips out.

In addition to the nursing and care staff the service also employed an activity co-ordinator, chef and domestic staff who were on shift daily. Staff were highly visible in all areas of the home during the inspection. Relatives felt the levels of staff were appropriate for the home. One relative told us, "There is always plenty of staff about."

We looked at the medicine systems in the home and found they were being managed in a safe way. Storage was secure and the room the medicines were stored in was clean and ordered. We observed a medicine round. The medicine trolley was taken to each person and locked when not attended; time was given for people to take their medicines at their own pace and took into account one person's difficulty in swallowing. Administration and compliance was recorded accurately on the medication administration record (MAR).

Protocols for as and when required medicines were in place. The service had safe procedures for the covert administration of medicines, with consent and directions from GPs evident throughout the MAR's. Staff were trained in the safe handling of medicines. The service had a process of managing medicine competencies which ensured staff's skills were monitored.

The service had a business continuity plan which had recently been updated. This meant staff knew what to do in an emergency. The file also contained a current personal emergency evacuation plan (PEEP) for each person who used the service in case of an emergency.

The quality assurance schedule set out specific tasks that were reviewed on a monthly basis. For example, building checks, health and safety requirements and fire checks. We spoke to the maintenance person who



had a good understanding of their area of responsibility. We saw all records were completed and up to date, including regular assessments for fire alarms, fire equipment, lifts, hoists and water temperatures.

The service had current certificates in place in relation to health and safety for the premises. For example, gas safety and electrical installation records.

The service had an effective computer based reporting process for incidents and accidents. Reports were taken from the online system, and used to identify any trends in behaviours. The registered manager also held a paper file containing reports detailing what actions had been taken.

## Is the service effective?

### Our findings

Relatives and people we spoke with felt the care was good. One relative told us, "The staff are trained well here, they certainly know how to look after [family member]." One person told us, "They would ring my doctor if I am not well."

Staff we spoke with felt suitably trained to support people effectively. They told us training was updated on an annual basis. The service used a computer based training management system which monitored when training was due and what training had been completed. For example, dignity, moving and assisting, nutritional needs and health and safety. One staff member said, "We do a lot of e-training and some in house practical, such as moving and assisting." Another staff member told us, "We get a lot of opportunities to learn and get wisdom from our nurse colleagues."

The registered manager had developed plans to increase the range of training for staff. Additional areas included self-defence at work skills and more advanced de-escalation techniques to develop staff's skills and knowledge further. Staff told us they welcomed the changes and were happy to undertake new training. One staff member told us, "We are getting lots of information about mental health issues such as bi-polar and dementia."

Staff received regular supervision. Records showed all staff supervisions were up to date. One nurse told us, "I have been here for 4 years, my supervision and appraisal are done by the unit manager and are up to date." The registered manager had identified during their first audit process that some staff required an appraisal. The organisation had launched a new person development process called, "Ascent". The registered manager had completed the training in the new process and showed us records to demonstrate that the appraisal process was underway with these staff members. We saw an annual planner which gave agreed dates for the completion of appraisals which were before the end of February 2016. One staff member told us, "My supervision has just been done, I'm awaiting appraisal."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager tracked the DoLS applications and kept a record of each person who had a DoLS authorisation in place. DoLS applications had been made to respective authorities who were involved in people's placements. People's care records reflected this. Staff understood what MCA assessments and DoLS authorisations were and when they should be applied. Staff knew who was subject to a DoLS and how

it formed part of their care and support.

People's nutritional needs were assessed and monitored. Weights were recorded on a regular basis, and weight loss or gain was reported to the registered manager for monitoring purposes. Any changes were discussed with the nursing staff to ensure appropriate action had been taken regarding updating nutritional assessments and care plans.

We observed the lunch time meal. People were provided with nutritious food that was well presented. Staff supported people to eat and drink in a respectful manner, supporting independence and offering assistance when necessary. The service had specialised equipment to aid people to eat and drink safely. One person told us, "There is always a member of staff here at meal times, the food is lovely." Another told us, "We get enough and there is always a choice." One staff member told us, "We are supporting people to be more independent and this is welcomed." We observed people clearing the tables with support from staff. There was a kitchen on each floor that was accessible to people, with tea and coffee making facilities, a fridge, cooker and microwave. People told us they were able to use the kitchen with support to make snacks and drinks. One person told us, "You can go and make a drink, there is plenty of food to snack on if you want."

Records showed the service worked with other health care professionals and ensured people had access to health care. For example, visits to or from dentists, opticians and chiropodists. The registered manager liaised with local GP surgeries to ensure people received regular health reviews. People's care records contained a hospital passport, which gave information about people's support needs if they needed to go to hospital. One relative told us, "[Family member] has a passport that has all their personal care details on for the hospital."

The home was undergoing some refurbishment, with the addition of a café for people to use. The home was warm and clean with well-lit communal areas for people to relax. People's rooms were clean and decorated with personal effects. There was an enclosed garden with a patio area for people to use. Where moving and assisting equipment was required this was in place in each room for individual use.

## Is the service caring?

### Our findings

We asked relatives and people about how caring staff were. The response was extremely positive. One person told us, "I am listened to and they support me well, they are so caring." Another told us, "[Staff member] is always kind to me." One relative told us, "Staff accompany [family member] on trips and are so supportive, I have only good things to say."

We observed staff interaction during the inspection. It was clear from people's behaviour that they were comfortable in the presence of staff. Staff spent time in communal areas and were caring, compassionate and showed kindness and respect. We saw staff sitting with and chatting to people, listening and responding effectively. Staff used appropriate methods of communication with people, giving time for them to respond. For example, clear speech, gestures and facial expressions were used when supporting someone to eat and drink. People's privacy was respected as staff knocked on bedroom doors and waited for a response before entering. Bedrooms were in the process of being fitted with door bells. Bedroom doors were lockable with people holding their own keys if they chose to.

Staff were knowledgeable about people's support needs, likes, dislikes and preferences. Staff were able to pre-empt situations which may be difficult for the person or others by engaging people in alternative activities. For example, when one person became increasingly agitated, one staff member calmly offered to walk along the corridor with them.

Information about advocacy services was easily available to people and relatives. There were also brochures about the service and the facilities offered. These were in an accessible place in the foyer.

Relatives said they were kept up to date with any changes regarding their family member. They told us they felt included with their family member's care and support needs. There was frequent contact between the home and relatives. One relative told us, "If I have anything to say I would, staff always respond." Another told us, "I visit every day, they look after him, and he is doing well now."

The registered manager told us people's religious and cultural preferences were respected, and arrangements made to allow people to maintain their faith. One relative told us, "Staff support [family member] to maintain their beliefs and that's important to [family member]. One person told us, "I am consulted and have a voice, I feel valued."

Written feedback from people who use the service was available. The service had an online system that people can access in the foyer to record their views or comments about the home. One person showed us how they used the system. Comments included, 'I have lived in a lot of homes but not like this one, this is what you call a home', another said 'very supportive with everyone who lives here and lovely staff who are there when you need them'.

## Is the service responsive?

### Our findings

Relatives and people felt the service was responsive. One relative told us, "I ring up, and they help [family member] to get ready." One person told us, "I can go out, but not if I am unwell, then they protect me." Another person told us, "They are really good, I am never poorly but know they would get the doctor."

We saw that people's interests and hobbies were valued, with visits to local football games being organised. One person told us, "I support [local team] and want to go to the match, they are sorting it for me."

We looked at a total of four people's care records. Care plans were specific to people and reflected their needs. Risk assessments promoted independence and demonstrated decision making such as being involved in activity choices. Life skills were encouraged and plans demonstrated how these were incorporated into daily living enabling people to use the kitchen and prepare meals. People's needs were the focus of the plans and were extremely comprehensive. Care plans and risk assessments were reviewed regularly and updated when necessary.

Relatives and people were involved in care planning. We saw records of review meetings to demonstrate relatives and people's involvement. One relative told us, "I have a meeting arranged with the new manager, we are going to go through [family member's] care plan. Another told us, "[Family member] is looked after, they listen and when I asked for [family member] to have a haircut it was done straight away."

Staff were able to discuss people's care needs and had an understanding of person centred care. One staff member told us, "We have handover meetings to discuss people's care, it's important to be updated."

On the day of the visit we met the activities co-ordinator. They told us, "Activities are very well attended, I have meetings on each floor every Monday to plan ahead, and I make it fair so everyone has options." There were plans to take people to a local leisure park, and for meals out and day trips. We saw good interaction between the co-ordinator and people whilst activities were taking place. The activities co-ordinator had been given responsibility by the registered manager to record people's engagement in care plans. The activities coordinator told us, "It's all about the people."

The service had a vehicle to take people out. Staff told us they took people out a lot through the day. Staff explained this promoted links with the community and encouraged people's independence by going out for coffee, meals and shopping.

The service had a complaints policy and procedure that was accessible to people, relatives and staff. We saw complaints were taken seriously and were responded to within agreed timescales. The registered manager told us minor comments or concerns were dealt with immediately so these did not develop into formal complaints. One person told us, "I would complain to the manager if I had a problem, or higher up if necessary." Relatives told us they knew how to complain and felt that if they needed to complain that the registered manager would listen to their concerns. One relative told us, "I have never needed to complain, but I know how to."

The service had a system called, "Have your say". This was an electronic system where people, relatives, visitors and staff could make comments and suggestions. The registered manager displayed a copy of the most recent comments in the foyer so it was accessible. The system formed part of the quality assurance process the service had to capture people's views. Information from this was used in the service's improvement plan. The registered manager told us, "Any negative comments are acted on straight away."

## Is the service well-led?

### Our findings

The service was well led. A relative told us, "The management in the home is very approachable." One person told us, "[The manager] is really good, always out and about, we always have a chat."

The registered manager had only been in post for a short time. Staff told us the registered manager had an open door and was actively involved in supporting staff. One staff member told us, "The new manager is making a difference."

The registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all notifications sent to CQC. The home kept all personal records secure and in accordance with the Data Protection Act.

We examined policies and procedures relating to the running of the home. These were reviewed and maintained to ensure staff and people had access to up to date information and guidance. Staff were able to access the policies and procedures on the home's computer.

The service had a system in place to ensure regular audits were carried out. For example, audit records for infection control, health and safety and medication demonstrated the service was monitoring performance and quality.

We discussed future planning for the home with the registered manager. They explained their vision of delegating a level of quality assurance responsibility to nursing staff. They felt this would empower staff to have more ownership in their area of expertise. Plans were in place to increase the service's occupancy with proposals and marketing strategies. Analysis of the service's strengths and weaknesses were completed and an action plan had been developed along with a business case for additional resources. The registered manager had discussed their hopes and aspirations for the service in meetings held with staff to include them in plans for Northview Lodge.

Accidents, incidents and allegations of abuse were reported and audited to identify if there were any trends or patterns. Where concerns were found action was taken to minimise these. We saw evidence of multi-disciplinary meetings to discuss incidents with the inclusion of specialist teams to develop strategies to manage behaviours that challenge.

. The service had a clear system in place to capture the views of relatives, people, staff and stakeholders. Surveys were sent out on an annual basis, with a detailed report of analysis made available in the foyer for people to view.

Records showed the management held regular meetings with staff, people and relatives. Meeting minutes were available and dates for future meetings were publicised. were available for future dates.

The registered manager was passionate about supporting people to live their lives to the full and people using the service to increase independence, life skills and educational opportunities.

