

Northhill Care Homes Limited

Northhill Care Home

Inspection report

2 Northhill Road
Southey Green
Sheffield
South Yorkshire
S5 8DS

Tel: 01142855773

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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 2 February 2016 and was unannounced. The home was previously inspected in May 2014 and the service was meeting the regulations we looked at.

Northhill Care Home is in north Sheffield. The home has an enclosed garden area and is close to a bus stop and some local amenities. Northhill Care Home provides accommodation for up to 28 older people. Accommodation is provided over three floors, accessed by a lift. All bedrooms are ensuite. At the time of our inspection there were 27 people using the service.

The service had a registered manager in post at the time of our inspection. 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.

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this. They told us they attended training and they had learned about the different types of abuse and how to recognise and report it.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff.

We looked at systems in place to manage medicines and found that they were safe. Medicines were stored and administered correctly.

Care plans we looked at identified any risks associated with people's care. For example risk assessments were in place for falls, choking, pressure area care and nutritional needs.

We spoke with staff who said they received appropriate training which gave them the skills and confidence to carry out their responsibilities. Training included moving and handling, first aid, health and safety, fire prevention, safeguarding, and food hygiene.

Through our observations and from talking with staff and the registered manager we found the service to be meeting the requirements of the DoLS. Staff confirmed they had received training in this subject.

People were offered a choice of food at each meal, and drinks and snacks were provided throughout the day in line with their preferences and dietary requirements.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required. For example, district nurse and speech and language therapist.

We observed staff supporting people and found they were respectful and caring in nature. Care plans we saw included information about people's likes and dislikes.

The service had identified key staff to be champions in areas such as dignity, end of life care, and dementia. These individuals attended meetings and training to promote best practice and implement any changes as required.

We looked at care records belonging to three peoples and found they were informative and reflected the care and support being given. Care records included activities of daily living which explained how best to support the person.

The service employed an activity co-ordinator who was available in this role two days a week. We spoke with this person and they told us that they used this time to take people out or for one to one activities and games. We were told that other people from the surrounding community visited the home frequently to provide a range of activities such as flower arranging, chair exercises and a puppet group.

The provider had a complaints procedure and people felt able to raise concerns if they needed to. The registered manager kept a log of concerns received and addressed them effectively.

People told us the registered manager was supportive and there was a good leadership structure in place. People felt able to approach the registered manager and felt she listened to them and acted on what they told her.

We saw regular audits took place to check the quality of service provision. Action plans were devised to follow up any issues.

People were involved in the service and their views were sought. We saw evidence that people were involved in residents and relatives meetings and were able to comment about 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.

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this.

We looked at systems in place to manage medicines and found that they were safe.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff.

Care plans we looked at identified any risks associated with people's care.

Is the service effective?

Good ●

The service was effective.

We spoke with staff who said they received appropriate training which gave them the skills and confidence to carry out their responsibilities.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were offered a choice of food at each meal and drinks and snacks were provided throughout the day in line with their preferences and dietary requirements.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required. For example, district nurse and speech and language therapist.

Is the service caring?

Good ●

The service was caring.

We observed staff supporting people and found they were respectful and caring in nature.

Care plans we saw included information about people's likes and dislikes.

Staff we spoke with knew how to preserve people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

We looked at care records and found they were informative and reflected the care and support being given.

We found the service employed an activity co-ordinator, who arranged activities for people.

The service had a complaints procedure and people felt at ease to raise concerns.

Is the service well-led?

Good ●

The service was well led.

People told us the registered manager was supportive and there was a good leadership structure in place.

We saw regular audits took place to check the quality of service provision.

People were involved in the service and their views were sought.

Northhill Care 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 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.

The inspection took place on the 2 February 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with five people who used the service and two relatives, and spent time observing staff supporting with people.

We spoke with two care workers, the deputy manager, the registered manager and a visiting professional. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "I feel very safe here, they (staff) even come round at night to see if we are alright." Another person said, "There is always plenty of staff, I have an emergency buzzer and the staff come straight away whenever I need them."

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this. They told us they attended training and they had learned about the different types of abuse and how to recognise and report it. They told us that any incidents of this nature would be reported straight away to the management team and they were confident they would act on their information. Staff we spoke with were aware that the provider had a policy in place to safeguard people from abuse and what actions to take.

We spoke with the registered manager about what records were kept and she showed us a safeguarding log. This gave a summary of the issue and the date it was alerted and the outcome.

We looked at systems in place to manage medicines and found that they were safe. Medicines were kept locked in a cabinet in a locked room. Any items requiring cool storage were kept in a fridge. We saw records which indicated the temperature was taken of the room and the fridge on a daily basis. The service had appropriate storage for controlled medicines. We checked the controlled medicines against the records and found them to be correct.

Care plans were in place where people were taking a short course of medicines, for example, antibiotics. The plan indicated what the medicine was for and the amount to be taken. We also saw care plans indicated how the person liked to take their medicines, for example, with a glass of water.

We saw Medication Administration Records (MAR's) were in place to record when people had taken their medicines. We found they were appropriately completed and reflected what medicine the person had taken.

We observed staff working with people who used the service and found there were enough staff available to support people in line with their care plan. People we spoke with told us there were always enough staff around and said they were very supportive. Staff we spoke with also said they had enough staff on each shift to meet people's need effectively. Staff told us they worked well as a team and supported each other well.

Care plans we looked at identified any risks associated with people's care. For example risk assessments were in place for falls, choking, pressure area care and nutritional needs. One risk assessment for choking informed the reader that they needed to ensure the person could eat and drink safely and to listen for risk of a wet sounding voice after eating. We observed this taking place and staff informing a senior care worker. However, we saw one risk assessment required updating and we discussed this with the registered manager who showed us an updated version of the risk assessments. These were in the process of being implemented in all care plans to ensure risks were effectively reviewed in line with people's needs.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff. However, the workforce development planning policy did not give details about what pre-employment checks should be completed. This was updated and sent to us shortly after our inspection. The three files we looked at contained pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and found they felt supported by the staff team and they had confidence in their abilities. One person said, "The staff are great; nothing is too much trouble." A relative said, "It's brilliant here, it's small and the staff are great. We have peace of mind." Another relative said, "Staff are always very calm. They are very capable and very well trained."

We spoke with staff who said they received appropriate training which gave them the skills and confidence to carry out their responsibilities. One care worker said, "I'm always on training, but that's great for me as it keeps me up to date." Training included moving and handling, first aid, health and safety, fire prevention, safeguarding, and food hygiene. Additional training was arranged as required. Training took place face to face and by eLearning and staff felt this was a good combination.

Staff felt supported by their managers and told us they received regular supervision sessions. These were one to one sessions with their line manager. In addition to these meetings, staff received an annual appraisals. Supervision sessions and annual appraisal were used to discuss personal and professional development and to motivate staff.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

Through our observations and from talking with staff and the registered manager we found the service to be meeting the requirements of the DoLS. Staff confirmed they had received training in this subject. The registered manager told us that appropriate applications were made to the supervisory body. We saw one person's care plan which included information about meeting the conditions of their DoLS. We spoke with staff who were knowledgeable about these conditions and how they were met.

The care plans we looked at had a section about mental capacity and where relevant, a care plan was in place to meet people's needs. The capacity assessment was based on the five principles of the MCA. We also saw best interest meetings had taken place when required. These were meetings which took place where people lacked capacity and a decision was made in the person's best interest.

People were offered a nutritious and healthy diet which was based on their preferences and dietary requirements. We observed lunch and found staff offered choice and respected the person's decision. People were assisted with their meal where appropriate and this was done in a kind and caring manner. We saw snacks and drinks were available throughout the day and staff prompted people who were not drinking.

For example, one person did not drink their tea and a care worker said, "Are you drinking your tea?" The person replied by saying, "Oh thanks for reminding me I had forgotten it was there." The drink had gone cold so the care worker made a fresh drink with the person's agreement.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required. Other professionals such as speech and language therapist, district nurses, and doctors were involved as required.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and found the service was caring. One relative said, "We were able to bring in furniture and ornaments from home to make my relatives room homely." A person who used the service said, "It's just like home, I have my possessions all around me." Another person said, "The staff are very nice and polite. They always knock on the bedroom door and wait for me to answer. They have time to come and chat with me, it's lovely."

We observed staff supporting people and found they were respectful and caring in nature. We saw staff knew people well and were dedicated in providing a homely atmosphere. We saw staff respected people by knocking on doors prior to entering and checking out if everything was alright. The atmosphere in the home was very friendly and happy with people chatting and laughing together. It was evident that staff knew people well and maintained a good relationship with people's families.

People were supported to maintain relationships with their families and friends. Families we spoke with felt involved in their relatives care. One relative said, "There is always a warm welcome when we visit, a great atmosphere and very friendly staff." A person using the service said, "The staff are lovely and always make a drink for my visitors." Relatives were involved in a monthly keyworker review where appropriate.

The service had a dignity statement informing people of what to expect from staff. This included, maintaining confidentiality, dignity and respect and to be able to complain without fear of retribution. Care plans we saw included information about people's likes and dislikes. They also included a life history. This enabled staff to get to know the person better.

We spoke with staff about how they ensured privacy and dignity was maintained. One care worker said, "One person likes to wear skirts but uses the hoist. We either ask the person if they want a longer skirt on or cover the person's legs with a blanket when using the hoist. This keeps the person's dignity."

The service had identified key staff to be champions in areas such as dignity, end of life care, and dementia. These individuals attended meetings and training to promote best practice and implement any changes as required. These topics were also discussed within the staff team within meetings and supervision sessions.

Is the service responsive?

Our findings

We spoke with people who used the service and they felt involved in their care. People told us they had a care plan and were able to contribute to it if they wanted to. One person said, "I like my family to be involved so they come to meetings to discuss my care."

We looked at care records belonging to three people and found they were informative and reflected the care and support being given. Care records included activities of daily living which explained how best to support the person. One care plan indicated that the person may become agitated but said if this occurred they responded well to objects of personal interest such as dolls, soft toys and preferred music. We saw staff using these tactics throughout the day and this de-escalated the anxiety. Care plans were reviewed on a regular basis and any changes noted within the appropriate plan.

The service employed an activity co-ordinator who was available in this role two days a week. We spoke with this person and they told us that they used this time to take people out or for one to one activities and games. We were told that other people from the surrounding community visited the home frequently to provide a range of activities such as flower arranging, chair exercises and a puppet group. The puppet group was part of a community project undertaken with other care homes. With consent, people were filmed as certain stages of the puppet making and this was shared with other residents taking part from other care homes.

The service had a complaints procedure and this was displayed in the reception area of the home. Part of this said, 'please let us know if you have a concern or suggestion as to how we can make the service better.' This showed the provider was open to comments from people and would use them to develop the service. People we spoke with knew who they would talk to and how to make a complaint if they needed to, but stressed there was nothing to complain about.

We also saw a compliments poster which said, 'did we do something well today, we would like your comments about our strengths and weaknesses.' The service also had a suggestion box in the reception area and comment were collated and action taken. For example, one suggestion was to supply chairs for visitors and these had been provided.

We spoke with the registered manager about complaints and were told they had only had one complaint. This had been logged in a file and appropriate action had been taken to resolve the issue.

Is the service well-led?

Our findings

We spoke with people who used the service and they told us that the registered manager was approachable. One person said, "The manager is lovely, she is always around and I can talk to her."

Staff we spoke with felt supported by the registered manager and the senior staff. They told us the registered manager operated on open door policy and welcomed their comments. One care worker said, "We have a good manager here and the seniors are really nice too. You can talk to them openly and they listen."

There was a good sense of leadership throughout the home and staff were aware of their responsibilities and carried out their roles well. They sought the views of the management team when required.

We looked at several audits which took place to ensure policies and procedures were followed and the service was of good quality. Audits included medication, care records, accident and incident, infection control and the environment. Action plans were devised to address any issues that required addressing.

The service displayed their vision on a notice board in the entrance area. The homes vision was, 'A high standard of personalised care provided by a happy confident and competitive workforce in an inclusive environment, where everyone is valued and welcomed and how people, relatives, employees and community can be a part of the vision.' We saw different people in the community had been involved in the home. Relatives we spoke with felt involved in the service and the care of their relative. People who used the service told us they had regular meetings to discuss things such as the menus, activities and results of the quality survey. This showed that people were consulted about the home and their views were welcomed.

A 'service user questionnaire' was completed in November 2015 and feedback was very good. Comments included, "My room is exceptionally clean and fresh," and "It's a nice home, I like it." Some feedback was that some people did not know who their keyworker was, so everyone was given a new poster with the name of their keyworker and a photo. Other comments were about making the garden space better and there were plans to promote the garden in spring 2016. The service also completed staff and relatives questionnaires and feedback was acted upon.