

Mrs Sally Roberts & Mr Jeremy Walsh

Northleach Court Care

Home with Nursing

Inspection report

High Street
Northleach
Gloucestershire
GL54 3PQ

Tel: 01451861784
Website: www.blanchworth.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection was completed on 1 and 4 October 2018 and was unannounced.

Northleach Court Care Home with Nursing is better known as Northleach and will be referred to as such throughout this report.

Northleach 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. Northleach accommodates up to 40 people in one adapted building. There were 32 people at Northleach at the time of the inspection.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous inspection was completed in February 2018. We identified four breaches of regulation at that time in relation to person centred care, the premises, staff training and good governance. At this inspection we found the provider had made improvements and met the requirements of the regulations. However, more time was needed for the planned improvements to the premises to be completed and the provider's quality assurance systems needed to ensure these works were completed.

The provider told us they were due to retire and Northleach was due to be sold. The provider had informed all people living at the home, their relatives and staff of the proposed plans. Following the previous inspection, we met with the provider and asked the provider to complete an action plan to show what they would do and by when to improve the key question Well-led to at least 'Good'. As requested the provider had sent us a written report of the action they planned to take to achieve a rating higher than 'Requires Improvement' to support us to monitor the provider's planned improvements. Significant improvements had been made since our last inspection but improvements to the premises were still required.

At this inspection the registered manager showed us the home's maintenance plan, they informed us they were currently working through this plan. A number of actions to ensure the safety of the service had been carried out such as some external building work. However, some areas of the home needed refurbishment and could place people who mobilise at risk of slips or falls and still needed to be completed.

There were enough staff deployed to ensure the safety of people. Since our last inspection, the registered manager and provider had taken action to implement two separate care units. This meant staff worked on each unit developing familiarity with the people they assisted. The home had a calm atmosphere. However, during the morning, we identified that some staff were busy and not always available to spend time with people and more staff were being deployed during the morning.

Medicines were managed safely and people received their medicines as prescribed.

Health and safety checks were carried out regularly to ensure the service was safe for people living there.

Risks to people's health and wellbeing had been identified and assessed. These risks included areas such as moving and handling, mobility, agitation, nutrition and hydration. Assessments were completed where appropriate for people at risk.

The service had implemented a robust training matrix which detailed all staff training and dates of expiry. People were supported by staff who had the skills and knowledge to meet their needs.

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide support to help meet people's health needs.

We found the service was working within the principles of the MCA and DoLS legislation.

The service was caring. Care records contained the information staff needed about people's significant relationships including maintaining contact with family. All of the relatives we spoke with told us they were able to visit when they wanted to and were made to feel welcome by the staff that were on duty.

The service had implemented more robust monitoring systems and the registered and quality assurance manager were responsible for completing regular audits of the service. These audits had resulted in significant improvements being made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The premises still required improvement as some areas of the service were in need of decoration.

There were enough staff deployed to meet people's needs and extra staff had been employed.

Risks to the health and safety of people were managed effectively.

Medicines were managed safely and people received their medicines as prescribed.

Appropriate recruitment procedures were in place and followed.

Is the service effective?

Good 

The service was effective.

Staff had received adequate training to enable them to support people safely and effectively. Staff supervisions were taking place and annual appraisals had been implemented.

The registered manager and staff had a good understanding of the Mental Capacity Act. People told us staff promoted and respected people's choices and decisions.

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide support.

Is the service caring?

Good 

The service was caring.

There was positive feedback and comments from people, relatives and staff about how people were cared for at Northleach.

Staff were clearly trying to provide good care and support.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff had received training on equality and diversity and person-centred care.

People were supported on a regular basis to participate in meaningful activities.

Records showed where people and relatives had been able to make a formal complaint they had been dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

New, robust and effective quality assurance systems had been implemented and we found many of the shortfalls we had identified at our previous inspection had been addressed. However, improvements to the premises still needed to be completed.

People and their relatives told us they were happy with the care they received. We received positive feedback from everyone we spoke with.

There were positive comments about the registered manager and the improvements that had been made since our last inspection in February 2018.

Northleach Court Care Home with Nursing

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 1 and 4 October 2018 and was unannounced. It included looking at records, talking with people living at the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by three adult social care inspectors.

Before the inspection visit we reviewed all the information we held about the service since the last inspection in February 2018. This included all statutory notifications and the Provider Information Return (PIR). Statutory notifications must, by law, be sent to us by the provider. These inform us of important and significant events which have happened in the home. We used information the provider sent us in the PIR to help plan the inspection. This is information we require providers to send us at least once annually, to give us some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered and quality assurance manager of the service and four members of care staff. We spoke with five people living at Northleach. We spoke with three relatives who gave us feedback on the service provided at Northleach. We spoke with one health and social care professional who has regular contact with the provider.

Is the service safe?

Our findings

During our inspection in February 2018 we found that the provider did not ensure the premises were adequately maintained and cleaned. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection we found improvements had been made and the provider met the requirements of this regulation. However, time was needed to ensure the provider's improvement plan in relation to the premises would be fully completed.

At this inspection the registered manager showed us the home's maintenance plan, they informed us that the plan was currently on-going. A number of actions to ensure the safety of the environment had been carried out; for example some external building work had been completed. Some areas of the home still required refurbishment. For example, in one area, we found floor boards needed to be replaced and in a number of corridors, the carpet had become worn. Some doorways had glass panels which had been damaged over time. The registered manager ensured these panels were covered with safety tape to keep people safe.

Where refurbishing was still required, there were some areas of the home where there was a consistent malodour present. We discussed this concern with the registered manager and a representative of the provider who informed us they would look into these concerns. The representative of the provider told us that the service was currently in the process of a sale and this had had delayed the refurbishment plan for Northleach Court. We found this was an area that continued to require improvement.

Risks to people's health and wellbeing had been identified and assessed by nursing staff. These risks included areas such as moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they required to assist them to be safe. For example, one person had been assessed as being at risk of skin damage as they required assistance from care staff for all their mobility needs. There was clear guidance for care and nursing staff to follow to protect this person and maintain their health and wellbeing.

Health and safety checks had been completed to ensure the environment remained safe for people. There had been a recent test for legionella which identified two areas of concern. The home had taken action to resolve the concerns. A further test had been completed and the service was awaiting the results of this test.

We spoke with two members of staff and two healthcare professionals. Everyone said they felt the home was safe and provided safe care and treatment. One professional said, "I would be happy for a family member to live here".

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were stored and recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people required controlled drugs (medicines which required certain management and control measures) these were administered in accordance with the proper and safe

management of medicines.

People received their medicines as prescribed. Nursing staff kept an accurate record of when they had assisted people with their prescribed medicines or where people had refused or not had their prescribed medicines. Nurses ensured people's prescribed medicine stocks were checked to ensure any medicine errors were identified and addressed. Where people required their medicines to be administered covertly, nurses ensured this should happen. There was clear guidance for nursing staff to follow on how to assist people with covert medicines and when contact should be made with healthcare professionals.

Where people had an accident or an incident, nursing and care staff made reports to ensure people were protected from further risk. The registered manager reviewed all accidents and incidents monthly and identified measures which could be implemented to prevent further incidents. There was evidence that the use of technology was helping to prevent accidents and injury. For example, some people had pressure mats in place to help alert staff if people were out of bed and required assistance.

There were enough staff deployed to ensure the safety of people. Following our previous inspection, the registered manager and provider had taken action to establish two separate care units. Staff worked on designated units and had become increasingly familiar with the people they supported. The home had a calm atmosphere however during the morning we identified that some staff were busy and not always available to spend time with people. One nurse informed us staffing had been discussed with the registered manager and that due to the current occupancy of the service an extra member of staff had been requested and approved by the provider. The registered manager confirmed this change was due to be implemented shortly.

At this inspection we did not check the recruitment records of care and nursing staff. Since our last inspection in February 2018, there had been no newly recruited staff. At the February 2018, we found that care and nursing staff were recruited using robust systems which ensured they were of good character.

Is the service effective?

Our findings

At our previous inspection in February 2018, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received the provider's required training to support people effectively. Although staff had attended regular one to one supervision meetings with a line manager, these had been brief and needed improvement to effectively support staff's skills and knowledge development.

At this inspection we found the provider had made the required improvements and met the requirements of this regulation. People were supported by staff who had the skills and knowledge to meet their needs. The service had implemented a comprehensive training matrix which detailed all staff training and dates of expiry. This had enabled the manager to organise training for staff when needed to ensure they remained up to date with current care practices.

Training systems were in place to deliver induction training which Staff had received training in core areas such as; adult safeguarding, first aid, manual handling, Mental Capacity Act (MCA) and DoLS. Staff told us they felt adequately trained to do their job effectively. The home had been chosen to participate in a local infection control project which enabled staff to become 'champions' in flu vaccinations and awareness, and staff told us they felt empowered by this.

All care staff following our last inspection had received regular one to one supervisions or an appraisal with a line manager. Individual supervision and appraisals are an opportunity for the line manager and staff to evaluate performance and plan to improve their effectiveness in providing care and support to people. This meant the provider had systematically monitored staff performance and identified their support and development needs. One staff member said, "I see the manager and we discuss how I am, and any feedback on the home".

Staff had completed an induction when they first started working in the home. This included reading policies and procedures and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. Staff told us they had found the shadow shifts informative and helpful. Staff new to care work also completed the nationally recognised Care Certificate. The Care Certificate is a set of national standards that health and social care workers adhere to in their daily working life.

People were supported to ensure they had sufficient food and drink. People spoke positively about the food provided. One person said, "I really enjoy it. No concerns." Another person said, "There is plenty of choice. Its lovely." People told us there was always a choice of meals and if they wanted something different to what was being served; the chef would provide an alternative meal option. The relatives we spoke with told us they felt the food provided was of good quality. One relative said, "My husband seems to enjoy his meals and is putting on weight".

People's care records showed relevant health and social care professionals were involved with their care; such as GPs, dentists and opticians. Specific health professionals such as; occupational therapists and cancer specialist nurses also provided support. We saw people's needs were monitored and changes in health needs were responded to promptly. In each care plan, support needs were clearly recorded for staff to follow. These included attending appointments and specific information for keeping healthy.

We spoke with one visiting professional on the second day of our inspection. They told us they had regular contact with the home and due to one person's changing needs regular reviews were being held. The registered manager told us they were pro-active in seeking health professional support when required. If people were at risk of malnutrition staff assessed the risks associated with this condition. For example, they used the universally recognised Waterlow tool to identify and review the risks to people's skin health.

We found the service was working within the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation. The 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 where 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where required, the registered manager had ensured people's mental capacity had been assessed. These assessments were decision specific and had been reviewed at regular intervals. Where people were assessed as lacking mental capacity best interest decisions had been recorded. The service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests.

People could access communal areas and spend time in their bedrooms if they wished. People could spend time with any relatives in either of these areas. There was a room available for people to listen to music and sit comfortably for some space or to attend meetings. There was an outside space for people to access in warmer weather.

Is the service caring?

Our findings

Most people told us they felt more than happy with the relationships they had developed with staff. One person said, "They treat me well, I feel well cared for. I've got no complaints."

Northleach had changed the layout of the home since our last inspection and people were able to be in communal areas depending on their needs. People with low dependency were able to socialise in the conservatory area of the home and people who had higher dependency needs were in a different area with more care staff to support them. This gave the home a much more relaxed feel and people appeared happy and settled wherever they were. One staff member said, "It seems to work much better now. People are happier and for us staff it is nice to see them able to relax more".

We saw that staff were compassionate and caring. For example, one person asked for a cup of tea and a staff member brought them one with a plate of biscuits. One person who appeared agitated was supported by the activity co-ordinator to help them with organising the activity board and look through the cards and support them to choose the correct ones for each day.

The service recognised when people needed or wanted support from advocates or representatives to help them understand and be involved in their care, treatment and support. One person had an independent mental capacity advocate (IMCA) to attend a meeting to support them with an issue they did not understand. IMCA's are not associated with the service and they provide support and representation to people if required.

There were many compliments about the home evidenced in a large file with letters and cards to the registered manager, provider and staff. One card stated that staff were caring and patient. One relative had written a card that said 'Thank you for the hard work and effort in caring for my mum. They were treated with kindness and professionalism. I couldn't fault anything'.

We were shown around the home by the registered manager who respected people's privacy and dignity by knocking on people's doors before entering. People's bedrooms were personalised with their own belongings and were clean and tidy. One person enjoyed making synthetic flowers and enjoyed showing us these in their room. The registered manager asked this person if they needed any more art and craft items as they would need to be ordered. The person stated they had enough for now. We saw the registered manager providing care when there were no other staff around. For example; making drinks and talking with people in communal areas.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. All of the relatives we spoke with told us they were able to visit when they wanted to and were made to feel welcome by the staff that were on duty.

Is the service responsive?

Our findings

At our previous inspection in February 2018 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person Centred Care. Not all care plans had been updated, guidance was not always available for staff and some staff had not been trained in equality and diversity and person-centred care to ensure they could meet people's diverse needs.

During our inspection of the service in October 2018, we found the provider had met these requirements and significant improvements had been made.

Each person had a care and support plan which had been updated to a new format to record and review information relating to their needs and preferences. The care and support plans detailed their individual needs and how staff were to support people. These covered areas such as; breathing, eating and drinking, communication and personal care. People's likes, dislikes and care and support needs were documented. People's care and support plans had been updated since our last inspection and gave staff specific guidance and information to provide person centred care. Included in each care plan was a section called 'This is me' and detailed personal choices and things that were important to each individual. One person's care plan stated they didn't mind male or female staff, they liked cats and dogs and liked to have smelling salts under their pillow at night.

At this inspection, we found staff had been trained in equality and diversity and only some staff had received training in person centred care and care plans detailed people's choices with regard to equality, diversity and human rights. Staff knew how to provide person centred care in a way that considered people's equality, diversity or human rights (EDHR).

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people were receiving end of life care, the service sought support and guidance from specialist health professionals such as; palliative nurses and palliative care teams. We found improvements had been made to people's end of life care plans. These showed people's end of life care had been planned to meet their individual religious, social and cultural diversity or values and beliefs, and how these may influence wishes and decisions about their end of life care. The registered manager was liaising with people and their families to implement advanced care planning in end of life for everyone living at the home.

At our previous inspection in February 2018 we had mixed feedback about whether people were supported on a regular basis to participate in meaningful activities. At this inspection we found that due to the service having different areas for people with different needs and having a regular activity co-ordinator this had improved. We saw people being involved with activities and socialising in groups to be busy and take part in activities such as reminiscing discussions, colouring, apple picking, crafts and music.

Staff confirmed any changes to people's care were communicated in shift notes to ensure they were responding to people's current care and support needs. The quality assurance manager told us the handover process was being updated as the document currently being used was too long and not person

centred enough.

Records showed where people and relatives had been able to make a formal complaint they reported action had been taken. The provider had no recorded complaints since our inspection in February 2018 and complaints were managed appropriately at our last inspection with no concerns in this area.

Is the service well-led?

Our findings

Northleach has been inspected five times since it was registered under the Health and Social Care Act in 2010. Four consecutive inspections, including this one, have identified improvements were required to the service. The provider had demonstrated they were still not able to consistently meet and maintain a 'Good' service rating.

At this inspection we found improvements had been made with regard to people receiving safe and person-centred care. However, additional improvements were required to ensure the premises were appropriately maintained throughout. The provider was due to retire and the service was currently being sold. We were told this had delayed the completion of the on-going maintenance plan in place and time was needed for all the planned improvements to be completed to people's living environment.

Following our previous inspection, the service had implemented more robust monitoring systems and the registered and quality assurance manager were responsible for completing regular audits of the service. These audits had resulted in significant improvements being made. For example, care and support plans had been reviewed and accidents and incidents were being monitored. A staff training matrix had been implemented to ensure staff had appropriate training and the registered manager could monitor training records. A compliance and improvement plan had been introduced which had identified areas for improvement with timescales and outcomes. This had been effective in showing us improvements had been made to address the shortfall we found at our previous inspection. Areas such as ensuring care plans were more person centred and individualised and staff training and supervision had been completed.

The provider was also implementing additional staff in the busy morning period to ensure people would get the support they needed when they needed it. Time was needed for this new staffing deployment to become established and to be evaluated by the provider to ensure the additional staff would meet people's needs effectively.

The quality assurance manager visited the service approximately once a month and completed quality monitoring audits. The new and updated audit was detailed and informative, and covered many areas that we found required improvement in our previous inspection. These included audits around the management of medicines, infection control, falls, complaints and tissue viability. The quality assurance and registered manager told us, "Every area is now covered every month so we are able to monitor staff and systems. We feel like there is no room for us to miss anything now and we have done this for a while and nothing gets missed".

Some senior staff at Northleach had been invited to become 'flu champions' as a pilot for the local authority who had a local initiative to raise awareness in the health and social care sector in the local area. The registered manager told us, "We are pleased to be able to be a part of this and raise awareness. We have positive links with external professionals and this has empowered the staff to be a part of something".

Staff attended regular team meetings and briefings. There had been staff meetings regularly with

discussions and outcomes and records were kept. The meetings discussed areas of concern and action plans were implemented to improve these areas. A night staff meeting had been held on 3 October 2018 and had identified areas for improvement. An intensive chart was introduced for people being nursed in bed to monitor specific areas such as areas that may be prone to skin integrity and possible pressure areas.

People, their relatives and staff told us the registered manager was approachable and they felt able to discuss and concerns. Staff told us they had an open-door policy and they felt listened to. One staff member said, "We can just knock on the door if we need advice. She often helps us on the floor if we are short".

The service was actively seeking people's, relatives and staff views through sending out questionnaires, talking with them and having regular meetings. The manager told us this was a way of ensuring everyone involved with the service had a voice. A new feedback form had been introduced for visiting relatives and health professionals to complete to strive to improve. One health professional had fed back in October 2018, 'They have identified tell tail signs that indicated a spike in behaviour and used diffusion techniques which has seen an impressive reduction in harm coming to this individual'.

From looking at the accident and incident reports, we found the provider was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of people or which affect the safe running of the home.