

# Bupa Care Homes (CFChomes) Limited

# Northlands House Care 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

### About the service:

- Northlands House Care Home is registered to accommodate a maximum of 101 service users. The home is situated in Southampton close to the city centre and provides care mainly to people with general nursing needs or a physical disability. At the time of the inspection there were 83 people living at the home
- For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk).

### People's experience of using this service:

- People and their visitors gave us positive feedback about all aspects of the service they received.
- One person told us, "I never thought that I'd live anywhere but my own flat but now I'm here I'm really pleased. It's so much more peaceful here than the hospital and no mobile phones to bother me."
- Since our last inspection the provider had made improvements to staffing levels and to their processes for notifying us of certain events.
- People received care and treatment from staff who felt valued. There was a high level of morale among staff.
- We saw caring and compassionate relationships between staff and people they supported.
- People's care and treatment were based on records that were thorough, detailed and up to date.
- People's care and treatment met their needs and reflected their preferences.
- There was a wide range of activities and entertainments which reflected people's interests, choices and previous experiences.
- Management processes were thorough and methodical, including processes to make sure people received care and support in a safe environment. There was a positive, open and empowering culture.

### Rating at last inspection:

- At our last inspection (published 3 February 2018) we looked at the safe and well-led key areas and rated them both requires improvement.

### Why we inspected:

- This was a planned inspection based on the date of and rating at the last inspection. At the last inspection we found breaches of three regulations. The provider sent us an action plan with dates when they planned to be compliant with those regulations. At this inspection we checked that they had made and sustained those improvements.

### Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

# Northlands House Care Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team comprised two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case services for older people and people who used nursing services.

Service and service type:

- Northlands House Care Home 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, we looked at both during this inspection.
- The service had a manager registered with the Care Quality Commission. 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:

- The inspection was unannounced.

What we did:

Before the inspection we looked at information we held about the service:

- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return. This information helps support our inspections.

- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We reviewed the previous inspection reports.

During the inspection:

- We spoke with 11 people who lived at the home and five visitors.
- We spoke with the registered manager, the regional quality manager, and nine staff members.
- We observed care and support people received in the shared areas of the home, including a medicines round.
- We looked at the care records of seven people.
- We looked at four staff records, including training and recruitment records.
- We looked at other records to do with the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- At our last inspection we found there were not sufficient numbers of staff, which was a breach of Regulation 18.
- At this inspection there were enough staff deployed and there was no longer a breach of regulations.
- People told us they did not have to wait too long if they needed support. One person said, "Yes, they come quite quickly when I ring." Another person said they had to wait less than five minutes if they needed support during the night.
- We saw staff could go about their duties in a calm, professional manner.
- Since our last inspection the registered manager had increased staffing levels, with an additional trained nurse and three supernumerary roles to give care staff more time during the day.
- The registered manager used the provider's standard needs analysis tool as a rough guide, but used their own judgement in defining staffing needs. Required staff levels were reviewed monthly according to people's needs.
- The registered manager kept track of response times using reports from the call bell system. These showed acceptable response times, and any longer delays were explained.
- There was ongoing recruitment to allow the service to deploy sufficient staff without using agency staff.
- The provider had a robust recruitment process which included the necessary checks that candidates were suitable to work in the care sector. There were tailored interview questions for nursing and care staff.
- The provider kept the necessary records to show recruitment processes were followed.

Systems and processes to safeguard people from the risk of abuse:

- The provider had systems, processes and staff training in place to make sure people felt safe.
- Everybody we spoke with said they felt safe. One person said, "I like the door open just a little bit at night. I'm not supposed to get up on my own, so, I buzz and they come and help me."
- Another person said, "I've got my bell by my side, I used to have four visits a day at home from carers but I wouldn't be safe there anymore. I can call anytime."
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns. They were confident the provider would manage any safeguarding concerns effectively.
- There were systems in place to review and log safeguarding concerns.
- If concerns were raised, the provider worked in cooperation with the local authority to investigate them.

Assessing risk, safety monitoring and management:

- Processes to identify, assess and manage risks were in place.
- Individual risks to people's health and welfare, such as if people were at risk of poor nutrition, were identified and assessed.

- Care plans included clear guidance to staff on how these risks affected people and the steps to take to reduce and manage risks.
- Risk assessments were reviewed regularly to make sure they were up to date and reflected people's needs.
- There were three monthly health and safety audits and a twice yearly property review to make sure people lived in a safe environment.
- The most recent fire risk assessment was in May 2018. Actions identified had been followed up.
- Emergency evacuation plans and a business continuity plan were in place. The business continuity plan identified locations where people could go in the event of an evacuation where they could not return to the home.
- Arrangements were in place to keep people safe in foreseeable emergencies.

#### Using medicines safely:

- The provider had processes in place to make sure people received medicines safely, according to their needs and choices, and as prescribed.
- People who received support with medicines told us this was done according to their needs and wishes, including "as required" pain relief. One person told us, "They give me my medicines and I take them myself. I can always say if I have pain and have some painkillers."
- People received their medicines from trained staff who had their competency checked.
- Staff explained to people what the medicines were for and checked they consented to take them.
- Processes were in place to receive, store, administer and dispose of medicines safely, including controlled drugs and medicines prescribed to be taken "as required".
- Records relating to medicines were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

#### Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Areas of the home including shared areas, bathrooms and bedrooms were clean and well maintained.
- A visitor said, "It is very clean here. Mum's always got clean clothes. Every day they bring them back from the laundry."
- Staff had access to hand gel, disposable gloves, and aprons.
- Staff received training in infection control and food hygiene.
- There were three monthly infection control audits and an annual infection control statement in line with government guidance.
- There were reasonable steps in place to protect people from the risk of infection.

#### Learning lessons when things go wrong:

- There were processes in place to learn lessons and use them to improve the service if things went wrong.
- All incidents and near misses were logged by staff.
- The provider's health and safety team reviewed relevant incidents.
- There were opportunities for staff to reflect on incidents and identify improvements in their practice.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out comprehensive pre-admission assessments to make sure they understood and were able to meet people's health, care and medical needs.
- The assessments for people were person-centred and holistic, looking at the person as a whole and considering all aspects of their lives.
- Assessments were completed with the person and in partnership with involved relatives and healthcare professionals.
- Staff used assessments to develop care plans related to people's individual needs.
- One person had mobility needs. Their care plan explained to staff how to support them including what equipment was required and any identified risks.
- Another person was at risk of malnutrition. A standard tool was used to assess the risk.
- Assessments and care plans were based on the provider's procedures which referenced relevant guidance and standards

Staff support: induction, training, skills and experience:

- The provider used training and supervision meetings to make sure staff had the required skills and knowledge.
- Staff confirmed that training was very good and further training could be obtained if needed. Staff said they felt they had the knowledge and skills to support people according to their needs.
- Induction for new starters was thorough and made sure they understood their role and responsibilities. There was a period of shadowing a senior care assistant to show them the help people needed before they started to support them on their own.
- Senior care assistants had topics where they trained to become trainers to support other care assistants with their competencies, for example fire training and mouth care.
- Informal advice and guidance was available from the registered manager, the nursing staff or from other colleagues.
- Informal "Personal Best" learning opportunities allowed staff to see things from the point of view of people using the service, such as using a wheelchair, having pureed meals and trusting colleagues to look after something precious to them.
- There was a programme to support staff to develop their careers called "Flying High".
- Staff were provided with support and supervision. Staff confirmed that supervision allowed them to discuss their work, resolve concerns and plan for future training.
- The registered manager had an effective system to monitor that staff training was up to date. It showed 95% compliance at the time of our inspection.

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

- People were complimentary about the food menus and choices. One person said, "The majority of the food here is very good. I have to watch what I eat but I especially like the desserts. We have a choice of meals and you can have anything you like at breakfast. I couldn't believe it when I saw the choice when I came in."
- A visitor said, "[Name's] appetite has improved here. She is definitely eating more which is good."
- Staff made mealtimes an enjoyable experience, with music, friendly chat, and appropriate, discrete support whether people ate in the shared dining areas or in their own rooms.
- Meals, including pureed meals, were attractive and appetising. Portions appeared to be generous.
- There was a wide choice of hot and cold drinks and snacks during the day.
- If people were at risk of poor nutrition their care plan took into account their needs and choices around food and drink, and appropriate records were kept to check their intake.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked with specialist nurses to make sure care and treatment met people's needs. These included nurses specialising in breathing difficulties, Parkinson's disease and mental health needs.
- The provider had worked with the local clinical commissioning group and tissue viability nurses to improve the care for people at risk of poor skin health.
- Staff took advice from physiotherapists, occupational therapists and speech and language therapists so that people's support met their needs in these areas.

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

- Northlands House Care Home was purpose-built and had been decorated and refurbished taking into account the general nursing needs of the people living there.
- Nurse stations were located centrally on each floor where nurses could be aware of what was happening on the floor.
- There was a dedicated activities room, a shared room for quiet pursuits such as jigsaw puzzles, and a room with a piano, which a person enjoyed playing.
- Decoration in shared bathrooms was designed to give a more homely, less clinical atmosphere.
- There was an accessible, enclosed garden which people appreciated. One person said, "I've got a lovely view from my window of the garden, so nice to see the trees."

Supporting people to live healthier lives, access healthcare services and support:

- People told us they could access other healthcare services when needed and in a timely fashion. One person had seen their GP for a chest infection the day before our inspection. Another person said, "Doctors can come in if I need one and I see a regular physio(therapist)."
- Staff knew how to refer people to other healthcare services if they had concerns about a person.
- There were records of visits from a range of healthcare professionals including GPs, specialist nurses, occupational therapists, physiotherapists, opticians and hearing specialists.
- Successful treatment of pressure injuries had allowed people to lead healthier, more active lives.
- Successful support for people to recover from a stroke had allowed them to return home for continuing care, and enjoy their family life.

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 with appropriate legal authority.

In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff understood the need to obtain consent from the person they supported. Throughout the inspection we saw care staff asking for people's consent and offering them choices and options.
- Pictures were available to help people make choices about their food.
- Records were in place where people had made advance decisions to decline treatment in the event of heart failure.
- When people were thought to lack capacity, mental capacity assessments were completed in line with legal guidance.
- Where people were at risk of deprivation of liberty, the provider applied to the local authority for authorisation under the legal safeguards.
- Where authorisations had been granted, this was documented within the care plan including any conditions applied.
- Staff had an understanding of the legal requirements in this area, and how these affected the care and support they provided to people.
- The provider had a multi-disciplinary approach, including family and friends, to reaching decisions in people's best interests where they lacked capacity.

# 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

Good: 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:

- People told us they had developed caring relationships with their care workers.
- One person said, "My sisters were pleased I chose to come here because all the staff are so kind and they can see I am well looked after."
- Another person said, "Staff are very nice to me, no one minds helping me. Honestly I could not be more pleased with them."
- We saw staff talking with people in a friendly, caring manner.
- Where two staff members supported a person they involved the person and engaged them in conversation.
- Thank you letters from people's families referred to "exceptional care", "patience, consideration and sympathy", and "motivation and compassion". One letter read, "You got to know Mum and really were her friends."
- All staff showed caring characteristics. Another thank you letter read, "We have been overwhelmed by the kindness from staff including nurses, carers, cleaners, activities team, maintenance team and office staff."
- We saw a receptionist taking an interest in people's welfare and progress as their visitors left.
- Where people had needs arising from their social or religious background, such as food preferences, these were respected. Staff training included equality and diversity, so staff were aware of and ready to deal with care needs arising from people's social or religious background.
- People's care plans took into account physical disabilities to remove obstacles wherever possible, for instance by using specialist or adapted furniture.
- Staff knew how to care for each person's emotional and spiritual wellbeing in line with their wishes.

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

- People were actively involved in their care and support decisions if they wanted to be.
- One person said, "They let me wash where I can and never force me to do anything I don't want to do."
- Where people had expressed their wishes, there were reminders for staff, such as "Please keep my door shut, curtains closed and the fan on." And "Please do not turn my light off at night."
- Care plans and risk assessments were reviewed regularly. This allowed people to make sure they were correct and reflected their needs and preferences.
- People also had the opportunity to take part in residents meetings, but those we spoke with did not feel they needed this as they could make their wishes known in their daily contact with staff.

Respecting and promoting people's privacy, dignity and independence:

- Staff treated people with dignity and respect, and maintained their privacy.
- During our inspection, we saw that all staff behaved and spoke in a consistently respectful manner with people.

- Staff gave medication, care and support discretely and language used in care plans was respectful.
- Discussions about people's needs took place in private.
- Care plans contained information about respecting and promoting people's dignity.
- Staff described how they supported people to maintain their privacy. They told us they made sure doors and curtains were closed and people remained covered while during support with their personal care.
- People had privacy when they wanted it, and staff maintained people's privacy during care tasks.
- One person told us, "When the carers come in to turn me, they always shut the door and the curtains even though it only takes a few minutes."
- Visitors told us they felt welcome. One visitor said, "I am always treated well here. Everyone acknowledges you, they say 'hello'. This is the best home of the three my friend has been in."
- Another person said, "My visitors can come in anytime. They are always asked if they would like a drink and I am sure they could stay for a meal."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care, treatment and support that met their needs and reflected their preferences.
- Care plans provided detailed information on people's health, care and medical needs.
- These included clear guidance to staff on how to monitor and support people to reduce any risks identified.
- Daily records were kept of the support people had received.
- People were satisfied with their treatment if they had a specific medical condition. One person said, "If the carers are worried about my back, they tell the nurses here who do the dressings."
  
- People's care and support took into account their interests and wider welfare needs.
- There was a wide range of leisure activities and entertainments available for people.
- These included shared activities, such as visiting animals, and celebrations of events and anniversaries, such as a royal wedding, Halloween, and Remembrance Day.
- The provider took into account people's wishes in celebrating birthdays. One person had a quiet event in the garden with their family, and another chose to go to the pub with staff.
- The provider took into account people's interests and life histories. They arranged a visit by a historical bus society because some people had worked on the buses before coming to live at the home. They arranged a visit to the cinema for two people to see a film with music by their favourite pop group.
- Where people were nursed in their room, staff involved them and identified individual activities for people. One person said, "I stay in bed a lot, but someone comes in to see what I'd like to do each day." Another person said, "The girls bring in things for me to do here in my own room. I hope to get up later this afternoon so I can go to bingo."
- The provider recognised that people's preferences could change. They had recently spoken with people about their choice of bath or shower, and offered a luxury, special event bath for those that chose it.
- Arrangements were in place for people who wished to take part in religious ceremonies or have contact with representatives of their chosen religion.
  
- The provider identified and met people's communication needs so they could understand information, including information about their service.
- One person who was partially sighted communicated with their family who lived abroad. Staff read their letters to them and wrote letters back to the family for the person.
- Staff arranged for another person to keep contact with their family by email when they could no longer use the telephone.
- Arranging accessible means of communication that were individual to the person showed an awareness of legal obligations around communication needs.

Improving care quality in response to complaints or concerns:

- The provider had a system to log, follow up and close complaints.
- There had been three complaints since our last inspection. None were about peoples care or treatment, and none had been raised by people living at the home. Two had been closed and the third complainant had not replied to communications about their complaint.
- People we spoke with were aware of the complaints process but had not used it. One visitor had raised a concern verbally with the registered manager who had resolved their issue.

End of life care and support:

- Where the provider supported people at the end of their life, they had appropriate care plans.
- People's end of life wishes were considered. One person's care plan explained what was important to them, things they wanted to avoid, and where they wanted to be cared for.
- Staff had received end of life care training from an external source and according to a recognised standard.
- The registered manager had achieved an additional qualification in end of life care.
- Staff also took into account the need to support the families of people at the end of their life.
- They had prepared boxes of items families might find useful while caring for their loved one and making them more comfortable.
- Arrangements were in place to make people's final days comfortable, dignified and pain free.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At our last inspection we found the service did not always notify us of certain events during the delivery of the service. This was a breach of Registration Regulations 16 and 18.
- At this inspection the registered manager showed they had been notifying us since the last inspection, and they kept records to track that notifications were sent as soon as possible after the event. Notifications were included in the registered manager's monthly report. There was no longer a breach of regulations in this area.
- Care home providers are required to display their rating on their website and in the home so that people can make informed decisions about their care. The provider had complied with this regulation.
- The registered manager was aware of relevant regulatory requirements.
- Staff told us they clearly understood their roles and responsibilities.
- Communication within the home and across staff teams was effective. There were daily meetings with all department heads where they discussed all pertinent issues for each department.
- Processes were in place to support quality performance. These included a monthly home review audit, a six-monthly quality audit, and regular checks on care plans, medicines and other aspects of the running of the service. Some of these were delegated to staff as peer on peer checks which involved the wider staff team in understanding quality performance.
- There were weekly reviews of the quality processes between the registered manager and the regional quality manager.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There were effective management systems in place to promote person-centred care.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.
- Records we saw supported a person-centred approach. Staff knew and understood people's history and responded to them appropriately.
- The registered manager had an open-door policy and regular drop-in sessions for staff.
- There were refresher drop-in sessions for staff to reinforce best practice in areas of people's care and support.
- The provider took into account people's input on the service. There were notice boards for people's comments and suggestions, with the provider's "what we did" response, and for people's and staff members' "favourite things".

- The registered manager was aware of their duty to be honest and open if things went wrong.
- The provider had recognised the registered manager's personal role in driving improvements to the service with a national award.

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

- The provider took active steps to engage and involve people who used the service and staff.
- There was a "global people survey" organised by the provider for both people and staff. This had generated over 150 comments from Northlands House Care Home, which showed a high level of involvement. The comments were being analysed at the time of our inspection to identify if they showed possible areas for improvement.
- There were staff engagement champions whose role was to increase the involvement of staff in people's activities. They also organised social events outside work for staff.
- Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. One staff member said, "It is brilliant here, everybody works really hard and we all pull together. We are just one big happy family." Another staff member told us "This is the last home for people and we are guests in their home. We all try and make their time here as special as we can."
- There was an employee of the month award with gifts appropriate to the employee's cultural background and preferences.
- The provider made reasonable adjustments for staff with protected characteristics, such as providing time and space for staff to pray during their shift.
- Staff told us they felt acknowledged and appreciated for their work and commitment.

Continuous learning and improving care:

- The registered manager had a quality improvement plan (QIP) in place.
- The QIP took input from internal audits, quality audits and people's responses to the global people survey.
- The QIP was the main tool for driving improvements to the service and was interlocked with the annual operating plan which identified funding needs, such as for refurbishments to the fabric of the building.
- At the time of our inspection the registered manager had started to engage with people for suggestions about how they could improve shared areas of the home that were under-used.

Working in partnership with others:

- The provider had worked in partnership with the local clinical commissioning group (CCG) to improve the experience of people being discharged from hospital into a care home.
- The provider had a quarterly meeting with the CCG and managers of their care homes in the CCG area to manage issues and drive improvements.
- The registered manager had improved people's access to healthcare services by making arrangements with the home's new GP practice for regular twice-weekly as well as "when required" visits.