

Palms Row Health Care Limited

Northfield Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Northfield Nursing Home is a care home that provides accommodation and nursing care for adults with a range of care and support needs, including adults who are living with dementia. The home can accommodate up to 63 people in one adapted building. In addition to nursing care, Northfield Nursing Home provided intermediate care. Intermediate care is typically short-term reablement support from a range of external professionals to help people recover and increase their independence. At the time of inspection there were 20 long-term placements and 22 intermediate care placements.

People's experience of using this service and what we found

People told us they felt safe living at the home. People received support from a staff team who were recruited safely and knew how to safeguard people from the risk of abuse. There were enough staff to ensure people's needs were being met in a timely manner, though some staff said the regular use of agency staff meant providing good continuity of care was often difficult. The manager said recruitment was ongoing and they were looking at creative ways to decrease the service's use of agency nurses, such as recruiting from overseas. People's medicines were mostly well-managed, with further minor improvements needed to ensure practices were consistently safe. Despite our findings around medicines, this did not appear to impact people living at the home. Infection prevention and control measures were in place and people told us the service welcomed visits in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's healthcare needs were being met. Referrals had been made in a timely manner to professionals when any issues had been noted or concerns raised. Equipment was in place to support people to stay well. People were happy with the food provided, with choices available at each mealtime, along with snacks in between. The building was adapted to meet people's individual needs, though some parts of the building were beginning to show signs of wear and tear.

The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Due to our findings around medicines, we asked the manager to review their audit process to ensure it was robust enough to identify the same issues found at inspection. We also asked the manager to consider formalising their improvement plans for the home's environment in writing, so these actions can be monitored and reviewed at appropriate intervals. The provider regularly sought feedback from people and staff, in order to continuously drive improvement.

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

Rating at last inspection

The last rating for this service was good (published 25 August 2017).

Why we inspected

We received concerns in relation to following current guidance on visits in care homes. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Northfield Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Northfield Nursing 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, and both were looked at during this inspection.

The service had a manager who was in the process of being registered with the Care Quality Commission. This means that, when the manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections.

During the inspection

We spoke with 12 members of staff including the manager, clinical manager, agency nurse, cook, two senior care assistants, five care assistants and a domestic staff member. We spoke with three people who used the service and five relatives. We spoke to two external health professionals.

We reviewed a range of records, including medication administration records (MAR's), staff records, care records, as well as information relating to the health and safety and management and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were mostly well-managed. Minor improvements were needed to ensure arrangements to store medicines were consistently safe. For example, we identified daily checks to fridge temperatures were not always recorded and use by dates for two people's eye drops were missing.
- Staff who administered people's medicines had their competency checked annually. We saw two nurses where their competency check was over-due.
- Despite these concerns, we were assured people received their medicines from trained staff, and in line with the prescriber's instructions. Records of administration were accurate and the provider had appropriate systems in place to dispose of people's medicines safely. On the day of inspection, we observed good practice when staff administered people's medicines.
- After the inspection the manager assured CQC action had been taken to address these concerns, such enhanced monitoring checks until they were satisfied record keeping was no longer an issue, and overdue competency checks were now planned in.

Staffing and recruitment

- Our observations showed there were enough staff to keep people safe. During the inspection we observed people's needs being met in a timely manner. Staff responded to call bells quickly and no one waited long at lunch for their meal, including people dining in their bedrooms.
- The service regularly used the provider's own agency staff to ensure staffing levels were consistently safe. Some staff commented the use of agency staff impacted on the continuity of people's care as they did not know people as well as permanent staff. The manager told us recruitment of permanent staff was ongoing, but it had been challenging finding staff with the right skills and experience. The manager said they were also looking at ways to recruit permanent nurses from overseas to improve staffing and diversity within the home.
- Staff were recruited safely.

Preventing and controlling infection

- The home was clean and effective measures were in place to prevent and control the spread of infection.
- Staff had received training in infection control and personal protective equipment (PPE) such as gloves and aprons were readily available. During the inspection we observed mostly good practice when staff used PPE.
- The service followed a comprehensive infection control audit programme which was delivered by the NHS. Audits were completed regularly to identify potential shortfalls in the home. Where improvement

actions were identified by the auditor, these were addressed in a timely way.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe. One person said, "I do feel very safe." A second person said, "Yes, I feel safe. When I went out of my room for them to weigh me and I wore a mask."

- Staff knew the potential signs of abuse and what to do to report any abuse. One staff member said, "I've had safeguarding training. No incidents between people here. If I found a bruise during personal care, I would report it to the senior nurse." Safeguarding incidents were correctly reported, investigated and measures put in place to prevent a re-occurrence.

- People told us where a health and safety risk had been identified measures were in place to promote their safety. Appropriate equipment was in place to manage risk, such as bedrails, profiling beds and airflow mattresses in people's bedrooms.

- Staff had a good understanding of people's needs and risks. One staff member told us how the risk of falls was managed for one person. They said, "They have bedrails. If they stay in the bedroom in a chair, they have a sensor mat. If the buzzer goes off, we go as quick as we can. We keep an eye on them. They have a sensor on their clothes so if they get up the sensor goes off."

- We observed moving and handling support being provided in line with good practice to hoist a person who had slipped down in their chair. Staff protected the person's dignity, by ensuring they were covered and spoke to the person throughout.

- Staff knew what to do in the event of an emergency. One staff member told us a fire drill was held every week and staff were timed in following the correct fire safety procedures, including practicing with staff how to transfer people in the event of an emergency.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed and reviewed on a regular basis. Care planning was undertaken in line with best practice guidance and research.
- People who were receiving intermediate care at Northfield Nursing Home benefitted from a multidisciplinary approach to planning and delivering their care. Staff employed by the service frequently worked alongside external health professionals to support people to recover and increase their independence before they returned home or found a permanent placement.
- We saw people who received intermediate care achieved good health outcomes as a result of the care and support provided by the service. For example, during the inspection we observed one person being discharged from intermediate care to their own home after making a good recovery.

Staff support: induction, training, skills and experience

- Staff were supported to develop skills, knowledge and experience to meet the needs and preferences of the people they cared for.
- New staff underwent an induction and all staff completed a mandatory training programme, in a range of different topics. Staff told us they received supervisions and appraisals, which they found helpful and informative.
- Staff felt very confident speaking with their managers or peers for advice during planned meetings or informal discussion.

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

- Records we viewed detailed people's needs around food and fluids. Diet notification sheets were completed for each person, identifying allergies, personal preferences and any dietary requirements.
- Feedback about meals was mostly positive. One person said, "Meals are very nice. Choice? We get menus. I have toast and cooked breakfast on a Thursday. I look forward to that." They also said, "If they needed anything special, the staff cater for them." A second person said, "I like jacket potatoes, cheese and beans. You can have it every day if you want. I had it twice a day since they told me."
- The cook and staff were aware of people's dietary needs and this was recorded in the kitchen and for staff serving meals at lunch time. We saw one person who required a soft diet received this and was supported to eat and drink in line with their needs. Some people's dietary preferences were also recorded in the kitchen, for example, one person only liked white cheese. One person told us they had type 2 diabetes, this was recorded on the white board in the kitchen and the cook said they used sugar free sweeteners in desserts.
- People were offered a choice of meals, drinks and condiments. Tables were laid with tablecloths and napkins and the dining area had a homely atmosphere, with craft items and pictures on the walls.

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

- People were supported to receive timely access to healthcare services.
- Records showed the home worked in partnership with other professionals involved in people's care, such as speech and language therapists and general practitioners.
- Staff gave examples of when they would seek input from health professionals for people and several people told us staff had contacted a doctor for them, when they needed to see one.

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

- The building was adapted to meet people's individual needs and the home was clean, bright and airy.
- On the residential and nursing floor, appropriate adaptations had been made to ensure the needs of people living with dementia were met, such as clear signage around the building to aid orientation. Contrasting handrails made them more visible, corridors were wide, well-lit and people's bedrooms were clearly marked.
- For people receiving intermediate care, the provider had adapted areas of the service, so NHS professionals had access to suitable space in the home to complete their assessments and rehabilitation exercises with people.
- Since we last inspected, we saw the provider had purchased an outdoor pod to facilitate safer visits during the COVID-19 pandemic and the middle floor lounge dining area had been recently re-decorated. The manager told us COVID-19 had impacted their plans to renovate or improve some areas of the service, but this was being reviewed on an ongoing basis.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked their consent before care was delivered, for example moving and repositioning, administering medicines and supporting people with meals. One person said, "I can choose whatever I want to." One staff member said, "People make their own decisions. Everyday choices like breakfast, getting washed and dressed. They make decisions based on what they want. We do mental capacity assessments and work with people's family if they can't decide [lack mental capacity] about money or other big decisions."
- Care records demonstrated that, where required, people's capacity to consent to their care had been assessed and best interest decisions were made.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Continuous learning and improving care

- Management and staff were clear about their roles at the service. At the time of our inspection, the head of care referred to as the 'manager' in this report, was responsible for the daily running of the service after the previous registered manager left in July 2021. The manager had previous experience working as a registered manager at Northfield Nursing Home, so they had good knowledge of the home, staff and the provider's policies and procedures.
- The manager said they had recently recruited a deputy care manager to support them to meet key responsibilities around quality and safety, such as managing staff and ensuring overall good audit compliance. The deputy care manager was due to start after the inspection.
- Staff completed a monthly programme of audits, to support them in identifying areas for improvement. Audit processes were robust at picking up issues, which were then acted on to improve the quality and safety of services provided. In lieu of our medicine findings under the 'safe' section of the report, we felt there was scope to further improve medicine audits processes to identify the same issues found at inspection. The manager confirmed they will review their medicine audit processes.
- The building was safe and well-maintained overall, although some areas were beginning to show signs of wear and tear. The manager accepted aspects of the building could be improved upon and would consider implementing a service improvement plan before the next inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people and their relatives through a combination of surveys, meetings and regular reviews. This information was analysed by the manager, who had developed an action plan to address the feedback.
- Staff had opportunities to provide feedback about the home through a range of meetings such as, regular team meetings and departmental meetings. Staff we spoke with told us they felt able to raise concerns and they would be listened to.
- The provider demonstrated a positive approach to working with others to improve the quality and safety of care, not just for Northfield Nursing Home, but also for the wider care sector. The provider told us they initiated monthly meetings with Sheffield County Council during the pandemic to support the Council to better understand challenges services faced and where support was needed most. The provider also told us they sat on the board for the National Care Association, a not for profit company which use their collective voice to represent the views of the care sector when liaising with key stakeholders and government.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had an open, inclusive and positive culture. Staff were attentive to people's needs and we saw positive interactions throughout the inspection. People told us the staff were caring. One person said, "Caring? Yes, oh my goodness they are. First class." A second person said, "They treat you like a prince. They wait on you hand and foot. Well led from what I've seen. I have no bad things to say. I got a lot of praise from the physios. It made me feel more confident. I would recommend it." A third person said, "Yes staff are caring. They do their job right."
- Most staff told us the manager was supportive and approachable. We spoke with an external professional involved in the intermediate care provisions and they said, "I always feel assured [manager's name] is going to act. Staff here are lovely and we have a good relationship with all the staff."
- The duty of candour requirement to be open and honest in respect of certain events had been complied with by the provider.