Somerset County Council (LD Services)

Northmead House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Northmead House provides a short stay respite service for adults with a learning disability. The home can accommodate up to ten people. Northmead House provides a homely environment and bedrooms are for single occupancy. The home is staffed 24 hours a day.

This inspection took place on 21 May 2015 and was unannounced. The inspection was carried out by one inspector.

At the last inspection carried out on 6 November 2013 we did not identify any concerns with the care provided to people.

People had communication difficulties associated with their learning disability. Because of this we were only able to have very limited conversations with two people about their experiences. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was not available for this inspection; however information sent to us prior to the inspection told us the registered manager had a clear vision for the service. This was also confirmed by the staff we spoke with.

The home was a safe place for people. They were able to take appropriate risks as part of their day to day lives. Staff understood people's needs and provided the care and support they needed.

Some improvements were needed to ensure people's legal rights were protected. Staff had a good understanding about the procedures to follow; however decisions about the use of bedrails and listening devices did not demonstrate discussions had taken place and their use had been agreed to be in the individuals' best interests.

People's healthcare needs were met and they received their medicines when they needed them.

People were cared for by staff who had been appropriately trained. Staff were positive about the training and support they received. The provider only employed staff who were suitable to work with vulnerable people. This helped to minimise risks to people who were staying at the home.

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access a range of social and leisure activities in the home and local community.

There were systems in place to monitor health and safety and the quality of the service provided to people.

Summary of findings

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.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

There were sufficient numbers of experienced and appropriately trained staff.

Good

Is the service effective?
The service was not fully effective. Some improvements were needed to ensure people's legal rights were fully protected.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Requires Improvement

Is the service caring?
The service was caring.

Staff were kind, caring and professional and treated people with dignity and respect.

People were supported to make choices about their day to day lives their wishes were respected.

People were supported to keep in touch with their friends and family.

Good

Is the service responsive?
The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs. People and/or their representatives had been involved in reviewing their plan of care.

People were supported to follow their interests and take part in social activities.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service and identify areas for improvement.

Northmead House

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 21 May 2015 and was unannounced. It was carried out by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were three people staying at the home. During the inspection we spoke with two people and four members of staff. We also spoke with a social care professional on the telephone.

We spent time in the dining room so that we could observe how staff interacted with the people who lived there.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who were staying at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

People had communication difficulties associated with their learning disabilities. Because of this we were only able to have very limited conversations with two people; they were able to confirm they felt safe living at the home. One person responded "Yes" when we asked them if staff were kind and if they liked coming to stay at the home. We observed staff interacting with three people. They looked comfortable and relaxed with staff and their peers.

Staff knew how to keep people safe. They knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. There were plans in place for emergency situations; people had their own evacuation plans. There was clear information for staff about who to contact in the case of a medical emergency. Staff had access to an on-call system within the organisation; this meant they were able to obtain extra support to help manage emergencies.

The service had very few accidents or significant incidents at the home. This was confirmed by the incident records. Staff completed an accident or incident form for every event which was then reviewed and signed off by the registered manager. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

Staff told us there were enough staff to help keep people safe. There were three members of staff on duty when we arrived although people were out at day placements. They were there to greet two people who arrived in the afternoon. One had returned from a placement at a day centre and the other arrived at the home for a respite stay. Staff told us staffing levels were determined by the number and needs of people staying at the home. They told us they never experienced any problems meeting people's needs. Staff told us new admissions were only accepted if there were sufficient staff on duty to meet the individual's needs.

Staff followed appropriate procedures for the safe management and administration of people's medicines. Medicines were administered by senior staff who had received appropriate training. Medicines were stored safely and securely. Each person had a lockable cabinet in their bedroom to store their medicines. Two staff checked people's medicines when they arrived at the home and at the end of their stay. They also carried out weekly stock checks of people's medicines for the duration of a person's stay at the home. Two staff checked and signed the medication administration record as soon as the medicines had been administered. This reduced the risk of errors and provided a clear audit trail of all medicines arriving and leaving the home.

The provider's staff recruitment procedures helped to minimise risks to people who were staying at the home. Applicants were required to complete an application form which detailed their employment history and experience. Those shortlisted were then required to attend an interview. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

Although it was evident people's capacity to consent was assessed to most care and treatment, some improvements were needed to ensure people's rights were always protected. For example, risk assessments had been completed for the use of bedrails and listening devices however; assessments of people's capacity and best interest documentation had not been completed. We did however find there were good examples when all consent and best interest documentation was in place. For example assisting a person with a moving and handling hoist, supporting to meet personal care needs and receiving medicines through a tube feed.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment.

Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The service knew about how and when to make an application. They knew about the recent changes to this legislation which may require further applications to be made. Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to give their consent.

Staff were confident and competent when assisting and interacting with people. People responded positively when staff interacted with them.

Effective systems were in place to monitor the skills and competency of all staff employed by the home. Staff received regular supervision sessions and observations of their practice. One staff member said "I get regular supervisions and I find the time really helpful. You get feedback on how you are doing and you are able to talk about any concerns or training you might need." Staff were provided with a range a training which was appropriate to their role and to the needs of the people who lived at the home. Examples included dementia awareness, down's syndrome/aging and dementia, Somerset total communication and how to care for people who required feeding through a tube.

Newly appointed staff received an induction programme. During this time they worked alongside more experienced staff and completed a range of mandatory training. This included; moving and handling, fire safety and safeguarding adults from abuse. We spoke with one member of staff who had been recently employed. They told us "I had a week of mandatory training before I came to the home. I them shadowed experienced staff until I felt confident. This lasted about eight weeks. I thought the induction was really good. It taught me everything I needed to know." Staff told us they were never asked to undertake a task until they had received appropriate training and felt confident and competent.

People could see healthcare professionals when they needed to. Information about people's health needs and contact with health and social care professionals had been recorded. We were informed that the service received good support from health care professionals and there were no problems obtaining their input for people when required. This meant that people's health care needs had been monitored and appropriately responded to

People were supported to have enough to eat and drink. Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff knew about people's preferences, risks and special requirements. People were provided with food and drink which met their assessed needs. Examples included gluten free diets and textured diets. One person needed to have their fluids given through a PEG feed (percutaneous endoscopic gastrostomy.) because they had difficulty in swallowing. The PEG feed meant fluids could be given safely through a tube. There were good instructive guidelines for staff regarding PEG feeding. There were written and pictorial guidelines for the connection of the feed pump which had been written by the clinical lead for enteral feeding which had been regularly reviewed.

Good

Is the service caring?

Our findings

Staff interactions with people were kind, caring and respectful. People were cared for by staff who knew them well. They spoke about people in a caring and compassionate manner. We saw affectionate embraces from people towards the staff. People looked relaxed and comfortable with the staff who supported them.

Care plans contained detailed information about how people communicated how they made decisions and gave information about things which were very important to them. For example; one person liked to their bedroom to be dark when they went to bed. They also had a preference for a certain number of pillows and a particular blanket which gave them comfort. Another person liked their cup of tea served in a china mug. Staff were very knowledgeable about what was important to the people they supported.

Staff made sure people had the required aids to help them communicate. For example we were told about one person who used a communication board. Another used a calendar board to help them understand what they were doing each day and when they would be returning home. Staff explained this helped to reduce the level of anxiety for this person.

Staff respected people's privacy. All rooms at the home were for single occupancy. We saw people could spend time in the privacy of their own room when they wanted to. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

Staff treated people with respect. They consulted people about their daily routines and activities and no one was made to do anything they did not want to. People were asked what they wanted to do and chose how to spend their time.

Staff were proud of the service they provided to people and they were committed to improving the experience for people during their stay. One member of staff had organised many fundraising events. They were keen to show us the items which had been purchased for people. These included sensory items such as relaxing sensory light machines, hand puppets, televisions for every bedroom, pictures and a karaoke machine which activated lights. We were shown photographs of several people enjoying an evening of karaoke sing-a-longs. Staff told us during a person's stay, they put together an album of photographs of all the activities and trips out the person had enjoyed so they could take this home with them at the end of their stay.

Staff supported people to maintain contact with family and friends during their stay at the home. We saw photographs and staff told us about the many coffee mornings, fetes and barbeques which people who were staying or had stayed at the home, their families and friends. Raffles and donations had raised money for improvements for people and had also raised money for local charities such as St Margarets Hospice.

Good

Is the service responsive?

Our findings

Staff knew about the needs and preferences of the people they supported. Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs. People and/or their representatives had been involved in reviewing their plan of care wherever possible.

People were supported to express their views and were actively involved in making decisions about the care and support they received. For example, before people made a decision about staying at the home, they were visited by the registered manager or their deputy where their needs and aspirations were discussed. People were then invited to visit the home for coffee so they could meet the staff and other people staying there. They were then invited to stay for a meal and/or overnight stay depending on what they wanted to do. Staff told us this helped to alleviate any anxieties a person may have when they arrived for their stay.

Staff told us routines in the home were flexible to meet the needs and preferences of the people who were staying there. People were able to plan their day with staff were able to do the things they wished to do. On the day we visited two people were attending a day centre. One person returned later in the day. They chose to sit quietly with a jigsaw puzzle. Staff explained how they supported people to maintain and develop independent living skills such as cooking, cleaning and doing their laundry. The care plans we read contained clear information about how each person was supported to make choices and how to involve them in all aspects of their daily lives.

While we were at the home a social care professional was keen to talk to us on the telephone. They told us staff were "Doing a fantastic job" in caring for and meeting the needs of people staying at the home. They described the care of one individual who had benefitted greatly from their stay at the home. They explained staff had introduced strategies which had a positive outcome and were preparing and enabling the individual to move to a permanent placement.

Staff recognised and responded to changes in people's behaviour. Two of the care plans we looked at contained clear information about how to recognise and manage certain behaviours which may be challenging. A behavioural support plan had been developed and staff had a very good understanding about how to support people and minimise the risk of behaviours escalating.

People were supported to spend time in the community and to participate in a range of activities in line with their personal interests. This included visits to the local pub, walks, shopping trips and day trips to places of interest. Activities available within the home included use of a range of sensory equipment, games, art and karaoke sessions. There were spacious private gardens with areas for sitting out and a large wheelchair accessible swing. The service organised garden fetes and regular coffee mornings for people and their families.

There was a complaints policy and procedure which was available in an appropriate format for people. Staff explained that people were more likely to raise any concerns with the staff supporting them rather than make a written complaint. They told us any concerns people raised would be dealt with at the time. Staff were in regular contact with people's families during their stay. They told us they very rarely received formal complaints as any issues were discussed and resolved at the time. The complaints log showed that two complaints had been received in the last year. Both related to issues around people's laundry. Records showed complaints had been taken seriously and investigated in line with the provider's policy.

Good

Is the service well-led?

Our findings

The registered manager was not available for this inspection however; staff described the registered manager as “Very Hands on.” They told us they “were very visible in the home and regularly covered shifts.” Staff told us the registered manager was “very approachable and supportive.”

In their completed Provider Information Return (PIR) the registered manager described their ethos and vision for the home. They said “It is essential that service users who receive our service are treated with dignity and respect and their needs and emotional well-being is well supported. That staff have clear knowledge and understanding of an individual's specific care needs, with the skills, experience and training to provide that care and support.” They explained they “Work hands on to build relationships with services users, while directly observing staff practice and the culture within the team.”

Staff had adopted this vision and were committed to ensuring people had a positive stay at the home. They told us the people who used the service returned on a regular basis. Staff said the majority of people had used the respite service for many years and feedback from people and their relatives had been positive. We saw a number of thank you cards with confirmed a high level of satisfaction about the service provided and of the staff team.

Staff told us they received regular supervisions and staff meetings where their performance, training needs and the services policies and procedures were discussed. Staff also told us they attended regular away days where they joined with staff from the provider’s other services. They told us they had covered our new methodology at their last meeting. One member of staff told us they found this “really useful.” They told us meetings also looked at the home’s policies and procedures. They said “This keeps us all up to date informs us of any changes or updates in guidance and legislation.”

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that.

Staff told us they had been supported to take on lead roles. One member of staff explained there were two staff trained and allocated to each role which meant holidays and sickness would not have an impact. Lead roles included responsibility for fire and vehicle safety checks, hot water temperatures, moving and handling training and maintenance checks on the environment. Regular audits showed health and safety checks helped to minimise any risks to the people who lived at the home.

There were systems in place to monitor and improve the quality of the service provided to people. The service sent surveys to people and their representatives to seek their views about the service provided. The findings of a recent survey showed a high level of satisfaction. One person commented; “My [relative] loves going to Northmead. This gives us peace of mind knowing our [relative] is happy.” Another said “You offer a wonderful service to all us parents and carers.” The service responded to people’s comments about areas for improvement. For example parts of the home had been redecorated and bedroom furniture and soft furnishings had been purchased following comments about the décor being “drab.” The home had consulted with people who used the service about what they would like. They were shown brochures, pictures and colour charts which enabled them to make choices about what they wanted.

The network manager regularly visited the home and monitored the quality and safety of the service provided. Records of their last visit showed they reviewed issues relating to people and staff as well as health and safety. A clear record was kept of what the registered manager had been asked to do and when this had been completed.