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Northwood Nursing & Residential Care

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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This was an unannounced inspection which took place on 23 March 2015. We had previously inspected this service in May 2013 when we found it was meeting all of the regulations we reviewed.

Northwood is registered to provide accommodation for up to 27 older people who require support with nursing or personal care needs. At the time of our inspection there were 23 people using the service.

There was a registered manager in place at Northwood. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

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

We found that the registered person had not protected people against the risk associated with the unsafe

Summary of findings

management of medicines. This was because medication administration record (MAR) charts were not always fully completed; this meant we could not be certain that medicines had always been administered as prescribed. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service told us they felt safe in Northwood and that there were always sufficient numbers of staff to meet their needs. Relatives we spoke with told us they did not have any concerns about the safety of their family member in Northwood.

Recruitment processes were sufficiently robust to protect people who used the service from the risk of unsuitable staff. All the staff we spoke with had received training in the safeguarding of vulnerable adults and knew the correct action to take if they had any concerns about a person who used the service.

Care records included an assessment of the risks people might experience including those related to mobility, falls and nutrition. Risk management plans were in place to provide information to staff about the action they should take to help reduce such risks from occurring.

People who used the service told us staff were kind and caring in their approach. We saw staff took time to speak to people who used the service and help them make decisions, such as what they wanted to eat or where they wanted to sit. We observed staff working in person centred ways to meet the needs and preferences of the people they were supporting.

All the staff we spoke with told us they had received the induction, training and supervision they needed to help ensure they were able to deliver effective care. We saw that staff were supported to continue to develop knowledge and skills for the benefit of people who used the service.

Staff were aware of the principles of the Mental Capacity Act (MCA) 2005: this legislation provides legal safeguards for people who may be unable to make their own

decisions. The registered manager had assessed the capacity of people who used the service to consent to the care and treatment they required. Where necessary, applications had been made to the local authority to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

People we spoke with made positive comments about the quality of food provided in Northwood. Systems were in place to ensure people's nutritional needs were met. Several people told us they had gained weight due to the excellent food provided for them.

Care records included good information about people's life histories, their family and interests. This information helped staff to develop meaningful relationships with people. All the people we spoke with who used the service told us staff knew them well and were aware of how they wanted their care and treatment to be delivered.

A regular programme of activities was provided in the service. Records we looked at showed that a regular programme of entertainers was provided as well as trips to local places of interest. Plans were in place to introduce materials to support reminiscence work in the service. Staff had also undertaken training to be able to provide nail and foot care to people in Northwood.

People who used the service and their relatives had the opportunity to comment on the service provided in Northwood through regular meetings and an annual survey as well as through more informal feedback to staff. We were told that staff and managers would always listen to any concerns or comments made and would take action to ensure concerns were immediately addressed.

Staff told us they enjoyed working in the service and considered the managers were approachable and supportive. Regular staff meetings took place which allowed staff the opportunity to comment on the service provided and identify where they felt any improvements which could be made.

There were a number of quality assurance processes in place in the service. The registered manager demonstrated a commitment to continuing to improve the service provided in Northwood.

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 not always safe. This was because improvements needed to be made to the recording of what medicines had been administered to people who used the service.

People were cared for by sufficient numbers of staff who had been safely recruited. Staff knew how to recognise the signs of potential abuse and the action they should take to keep people safe.

Risk assessment and risk management procedures were in place to help ensure people always received safe and appropriate care.

Requires improvement



Is the service effective?

The service was effective. This was because staff received the induction, training and supervision they needed to deliver effective care.

People who used the service were supported to make their own decision as much as possible. Where necessary arrangements were in place to ensure any restrictions placed on people were legally authorised.

Systems were in place to ensure people's health and nutritional needs were met.

Good



Is the service caring?

The service was caring. People who used the service told us staff always treated them with kindness and respect.

Care records included information about people's life histories and interests. This should help staff develop caring and meaningful relationships with people who used the service.

People had regular opportunities to comment on the service provided in Northwood. We saw evidence that their views were listened to and acted upon.

Good



Is the service responsive?

The service was responsive to people's needs. People who used the service told us they received the care they wanted.

Staff took people's individual needs into account when providing care and support.

A system was in place to record and respond to any complaints received in Northwood. All the people we spoke with told us they would feel confident to raise any concerns with the managers of the service.

Good



Summary of findings

Is the service well-led?

The service was well-led. The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They were supported in the day to day running of the service by a general manager and a care manager.

Staff told us they enjoyed working in the service and considered the managers were supportive and approachable.

A number of quality assurance systems were in place in Northwood. The registered manager demonstrated a commitment to continuing to drive forward improvements in the service.

Good



Northwood Nursing & Residential Care

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 23 March 2015 and was unannounced.

The inspection team consisted of an inspector and an 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. The expert had experience of services for older people.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including

notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received positive feedback about Northwood from the organisations we contacted.

During the inspection we spoke with nine people who used the service and six visiting relatives. We also spoke with the registered manager, the care manager, two registered nurses, a senior carer, two members of care staff and the chef. In addition we spoke with a professional who visited the service during the inspection.

We carried out observations in the public areas of the service. We looked at the care and medication records for four people who used the service and the records relating to the administration of prescribed creams for a further two people. We also looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and well cared for in Northwood. One person commented, "I am very happy here and feel quite safe." Relatives we spoke with confirmed they did not have any concerns about the safety or well-being of their family members in the service.

We noted the results of the most recent satisfaction survey conducted by the service in May 2014 showed that 100% of people who used the service felt safe in Northwood and considered that staff were available when needed.

We looked at the systems in place for the management of medicines in the service. Only registered nurses were responsible for administering medicines. The nurses we spoke with told us they had received recent training in the safe administration of medicines. One nurse was in the process of completing a detailed on line training programme produced by the Royal Pharmaceutical Society. The senior nurse on duty also told us the registered manager regularly observed them when administering medicines but no formal record of these observations was maintained. This meant there was a risk any poor practice was not recorded and monitored.

We looked at the medication administration record (MAR) charts for four people who used the service. We noted one MAR chart was not fully completed as the chart had not been signed on the day of the inspection to confirm the person had received their morning medication. We checked the monitored dosage system and noted the medicines had been removed from the trolley. The nurse responsible for administering medicines on the morning of the inspection told us they had given the person their tablets and the failure to sign the chart was an oversight on their part. We found the other three charts we looked at were fully completed.

We looked at the process for ensuring people received their medicines which were prescribed on an 'as required' basis. We noted the policy for the service stated that, where a person was prescribed 'as required' medicines a form should be added to the MAR chart to detail the reason why the person needed the medicine and the symptoms a person might display to indicate they required the medicine if they were unable to ask staff directly. None of the MAR charts we reviewed where 'as required' medicines had been prescribed included this form. This meant there

was a risk people would not receive the medicines they needed. However, none of the people we spoke with raised any concerns about the support they received to take their medicines. We also noted care staff reported to nurses when people complained of pain or feeling unwell and that they received prompt attention and pain relief where necessary.

We reviewed the MAR charts for six people relating to the administration of prescribed creams. We found only one of the charts was fully completed to show that care staff had always administered the creams prescribed for the person. One of the MAR charts related to a cream which was prescribed for a person three times a day. During the 28 day period covered by the MAR chart the cream had only been applied a maximum of twice on any day as the MAR chart did not make it clear that the cream should be administered in the evening as well as at bed time. There was also a total of 31 missing signatures on the chart. The MAR charts for the other five people we reviewed were also not fully completed. This meant we could not be certain people had received their creams as prescribed.

We discussed this with both the senior nurse and the registered manager who told us the cream charts had been recently introduced and care staff still required regular prompting to ensure they were fully completed. However the registered manager told us they were confident staff were administering creams as prescribed as there were no issues with skin care for anyone who used the service. They showed us a letter which they had recently received from a consultant regarding a person who used the service which praised the effective skin care they received in Northwood. We noted the records for this person were included in the MAR charts we reviewed.

We noted from one of the care records we reviewed that a GP had given permission for medicines to be crushed. We were told the person concerned was aware that their medicines were being given in this way but there was no care plan or risk assessment in place to inform staff of the action to be taken to ensure the medicine was safely administered.

The registered manager told us they did not complete regular medication audits but intended to introduce these following the receipt of the revised medication policy and procedures.

Is the service safe?

The lack of effective systems to ensure the safe administration of medicines was breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they had received training in the safeguarding of vulnerable adults. They were able to tell us how to recognise signs of potential abuse and of the correct action they should take if they had any concerns about a person who used the service. Staff told us they would also be confident to report poor practice to any of the management team or to the nurse on duty and were confident they would be listened to. One staff member told us, "There is a strict whistleblowing policy here. You can take concerns upstairs and the manager will always listen."

We looked at the staffing levels for the service. On the day of the inspection there were two nurses and four care assistants on duty. We were told there was an additional nurse on duty to provide a handover and support to the senior nurse who had returned from holiday that day. We saw that staff responded promptly to requests for assistance from people who used the service and that call bells were answered within a reasonable period of time.

Staff we spoke with told us there were always enough staff on duty to meet people's needs during the day. However, some staff told us they did not feel two staff at night were enough to meet people's needs safely should an emergency arise. We discussed this with the registered manager who told us they would review staffing levels at night in view of these comments, although there had not been any incidents where people had been put at risk due to the numbers of staff on duty. They told us they kept the dependency levels of people who used the service under regular review and had no hesitation in increasing staffing levels if they considered it to be necessary.

Staff told us they did have time to spend with people on an individual basis. One staff member told us, "We have the time to speak with people. I enjoy learning about people's past lives." We noted care plans reminded staff of the need to ensure people who were cared for in their bedrooms

received regular visits from staff to check their welfare and provide social contact. This was confirmed by a relative we spoke with who told us, "[My relative] tries to be so independent that she is reluctant to call for help with the buzzer. Staff know this so they pop in to check on her regularly."

We reviewed the files for four staff employed to work in the service. We noted the required pre-employment checks had been carried out before people were allowed to commence employment. We were unable to review the recruitment policy for the service on the day of the inspection as the registered manager had arranged for new policies and procedures to be produced by a specialist company on behalf of the service and these were not available to view. Following the inspection we were sent a copy of the recruitment and selection policy and were able to confirm that it met the requirements of the current regulations. This should help ensure that people who were unsuitable to work with vulnerable adults were not employed to work in the service.

Care files we looked at contained information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. Risk assessments had been regularly reviewed and, where necessary updated to reflect people's changing needs.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Northwood.

We saw a fire risk assessment had been completed for the service and that this was reviewed on an annual basis. In addition regular checks of emergency equipment and lighting were undertaken. A business continuity plan was also in place to provide information for staff about the action they should take in the event of an emergency.

Is the service effective?

Our findings

People who used the service told us they had no concerns about the skills and abilities of staff or the care provided to them. One person commented, “I have no problems with the staff or the care, in the circumstances I am as good as I can expect and it is thanks to the staff here.” Another person told us, “I have been here between 18 and 24 months and I have big health problems. They care for me brilliantly; in my opinion the staff are perfect and I have no complaint whatsoever. The food is excellent and I don’t think I could be any better off anywhere.” A relative also told us, “I am fully happy with the care [my relative] gets from the staff here and confident that they are doing their best for her. I can’t complain at all, they are doing a good job here.”

Staff received an induction when they started work at the service. This included shadowing more experienced staff and mandatory training such as moving and handling and safeguarding vulnerable adults. One member of staff who had recently commenced employment told us the induction they had received had been helpful in introducing them to people who used the service and finding out about their care and support needs.

Staff we spoke with told us they had received training appropriate for their role. Records we looked showed this training included moving and handling, safeguarding vulnerable adults, first aid and infection control. We saw staff had also received training related to people’s needs which included the care of people with a dementia. This should help ensure staff had the necessary skills and knowledge to effectively meet people’s needs.

During the inspection we asked staff to tell us about the particular needs and wishes of people who used the service, including a person who had recently been admitted to the service. Staff demonstrated they knew people well and were aware of the care and treatment people needed.

We looked at the files for four staff and saw that systems were in place to provide staff with regular supervision and appraisal. Staff told us they were able to discuss their training needs with the registered manager and were

supported to continue their learning and development. One staff member told us, “I can speak to [the registered manager] or [the care manager] and they will sort out any training I want straight away.”

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked the registered manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people’s rights were protected. The registered manager told us they were aware of changes to the law regarding when people might be considered as deprived of their liberty in a residential setting. However, they told us they had assessed that the majority of people who used the service were able to consent to their care and treatment in Northwood. They had submitted requests for DoLS authorisations for several people at the request of the local authority but only one of these had been approved.

The registered manager showed us a new care plan which was in the process of being added to the records of people to show whether an application for a DoLS authorisation should be submitted. However, from this record it was not clear whether an assessment of a person’s capacity to consent to their care in Northwood had been completed; this is a prerequisite to determining if a DoLS authorisation might be needed. The registered manager told us they would therefore continue to include the assessment of capacity form which they had previously used in the service to show the decisions for which a capacity assessment had been carried with individuals.

Two of the staff we spoke with told us they considered it had been some time since they received training in the Mental Capacity Act (MCA) 2005. However, all the staff we spoke with were able to demonstrate their understanding of the principles of this legislation which is intended to ensure people receive the support they need to make their own decisions wherever possible. One staff member told us, “We always give people choices such as when they want to get up or what they want to eat.” Another staff member told us, “People have an array of choices here. I always speak to people as if they have the capacity to understand.”

All the people we spoke with told us staff always asked for their consent before they provided any care or treatment. People told us they did not feel restricted in making choices and could discuss their wishes and preferences

Is the service effective?

with staff. Relatives we spoke with told us they had been involved in making decisions for their family member where they lacked the capacity to make the decision for themselves.

People who used the service made positive comments about the food in Northwood. People we spoke with told us they were very happy with the quality and variety of food and that they enjoyed the mealtimes as much as the meals. One person told us, "You can tell I enjoy the food here because I was only six stone when I came in and I'm nine stone now."

We spoke with the chef responsible for the food at Northwood. They told us they had a good understanding of people's nutritional needs as well as their likes and dislikes. They told us they always made meals with fresh ingredients and took care to ensure people received a balanced diet. We noted drinks were easily available to people throughout the day of the inspection and people were able to access fresh fruit or snacks at their request.

Our observations during the lunchtime period showed that people who required individual assistance from staff to eat their meal were supported in a small dining room where they could have dignity and privacy. People who needed less support ate in the main dining room at a slightly later time; this meant staff were able to meet the individual needs of all people who used the service. We noted the tables in both dining rooms were set and the crockery provided had been specially selected to support people to maintain their independence as much as possible when eating.

We saw there were systems in place to ensure the nutritional needs of people who used the service were assessed and regularly reviewed. Staff told us they were informed by the nurse on duty which people required their weight to be monitored each day.

One of the care files we reviewed was for a person who had recently been admitted to the service. We noted their care plan stated that, due to risks regarding their nutritional intake, they needed to be weighed on a weekly basis. However, the records we looked at showed they had only been weighed once since their admission almost six weeks prior to the inspection. We discussed this with care staff who told us they had not been aware that the person should be weighed each week, although they were eating well due to changes which had been made to the way food was presented to them. The registered manager told us the person concerned would often refuse to be weighed although they acknowledged this had not been recorded by staff.

People who used the service told us staff would always contact their GP if they were unwell. Relatives confirmed that staff would contact them if their family member's needs changed. Two relatives visiting a person who used the service praised staff for ensuring their family member received prompt treatment at a dentist. They told us, "We are both entirely happy with the way [our relative] is cared for here and with the lengths they [staff] are willing to go to for the residents. [Our relative] recently managed to break her false teeth and the deputy knew a dentist in Mill Hill so she took them and had them repaired. [Our relative] was without them for very little time thanks to the deputy manager."

The care manager told us they had made arrangements for a local optician to visit the service. They told us the optician service was planning on delivering training for staff to help them better understand the visual needs of people in Northwood.

Is the service caring?

Our findings

All of the people we spoke with who used the service told us that staff were kind and considerate, respected their dignity and privacy, and helped them to maintain as much independence as possible. One person told us, “I’ve been here two years and it’s grand in my opinion. I would say the staff here are genuine and very caring.” A relative also commented, “I am visiting [my relative] who has been here since July. She is very settled and says that they [staff] care for her brilliantly.”

Our observations during the inspection showed us staff were kind, caring and respectful in their interactions with people who used the service. Staff we spoke with were able to demonstrate their understanding of the importance of person-centred care. One staff member told us, “It’s about making sure everything is right for that person. We look at care plans to make sure we know what the person needs, especially if they can’t tell us.” Another staff member commented, “I think we are doing things right in this home. We take an active and positive approach...I have the resident’s interests at heart and do my best to keep them motivated and engaged.”

Care records we looked at showed a ‘This is me’ document had been completed with people who used the service. This included information about people’s life histories, family and interests. This information should help staff form meaningful and caring relationships with people who used the service.

We found limited evidence that people had been involved in reviewing the care they needed. However, the senior nurse told us they would always sit with people at the point of admission to Northwood and on a regular basis thereafter to ensure they were in agreement with their care plan. None of the people we spoke with had any concerns about the care they received. Family members we spoke with told us they had been involved in reviewing the plan of care for their relative.

We observed there were several visitors to Northwood throughout the day of the inspection. We noted staff made visitors welcome and family members were invited to eat a meal with their relative. One visitor told us they felt the private space available for visitors could be improved. We discussed this with the registered manager who told us there was a visitor’s room available for people on the second floor of the service. They told us they would ensure information about this was displayed at the entrance to Northwood.

Records we looked at showed people who used the service and their relatives were invited to attend regular meetings with the registered manager. We noted people were asked their opinion about the service provided in Northwood. Where people had made suggestions about improvements which could be made the registered manager had documented the required action they would take to ensure people’s views and opinions were listened to.

Is the service responsive?

Our findings

Care records we looked at showed us an assessment had been carried out before people were admitted to Northwood. This should help ensure that staff were able to meet people's needs.

We found care plans documented people's needs and had been reviewed and updated on a regular basis. Although all the people we spoke with told us they always received the care they needed, we found care plans included limited information about people's wishes and preferences regarding how they wanted their care to be provided. The registered manager told us they were intending to introduce a new care planning system which would help ensure care plans were more personalised. We noted a new policy was also in the process of being introduced to help support the delivery of person centred care and support.

People who used the service told us staff were always responsive to their needs. One person told us, "I am happy enough here, they go out of their way to do the best they can for me." This person also mentioned they would prefer to stay up later at night. However, when we discussed this with staff they told us the person was always one of the last to go to bed and they were able to stay up as late as they liked.

We spoke with a professional visitor to the service who told us staff would always listen to and act upon any advice they gave. We noted communication and care records documented when professionals had visited and any action staff needed to take as a result. This should help ensure people received the care and treatment they needed.

We saw that a timetable of activities was on display on the ground floor of the service. People who used the service told us they were happy with the activities provided. Some people told us they enjoyed going out to the local church and were assisted by staff to do so. Other people said they enjoyed the trips out which were arranged as often as possible. We noted entertainers were arranged for the service; these included a storyteller and a person who delivered an armchair exercise programme.

The registered manager showed us a number of resources they had recently purchased to support people who used the service, their relatives and staff to discuss past events. These included books of photographs specially produced to stimulate conversation about holidays, work, families and end of life wishes. Other resources were reminiscence packs which included work sheets for staff to use with people individually or in groups. The registered manager told us these had already been discussed with staff and training would be arranged to ensure they felt confident to use the resources with people who used the service.

We were also told three staff had recently completed training in delivering foot care to people. One of the staff who had completed this training told us they already offered nail care to people who used the service and intended to complement this with foot massage, particularly for those people who were cared for mainly in bed. They told us this would be of therapeutic benefit and would also reduce social isolation for people who would not otherwise participate in activities.

People who used the service told us they would not hesitate to raise complaints or any issues with the management or staff if it were necessary. One relative told us they had made minor complaints at times and the management and staff had responded positively. We saw the complaints procedure was included in the information people received about the service when they were first admitted.

We looked at the complaints log for the service. We noted there had been no complaints received since April 2013. The registered manager told us this was because they always tried to respond immediately any concerns were brought to their attention. Records we looked at confirmed complaints received had been thoroughly investigated and feedback provided to the complainant. The registered manager also showed us compliments which they had received from relatives regarding the care their family member had received in Northwood.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). The registered manager had been registered with CQC since 2010. They were supported in the day to day running of the service by both a general manager and care manager. We were told that the general manager was in the process of retiring and the care manager would be taking up their position following further training.

All the people we spoke with who used the service and their relatives spoke positively about both the managers in the service. However, we did find some confusion regarding who was in the position of registered manager. During our inspection we observed the atmosphere in the service was relaxed. We noted the care manager in particular was visible throughout the day and provided direction and support for staff when necessary.

All the staff we spoke with told us they enjoyed working in the service and spoke positively about the support they received from managers. Comments staff made to us included, “Managers are open minded and easy to talk to”, “It’s really good working here; you get lots of support” and “Both [the registered manager] and [the care manager] are very good. You can go to them with anything and they will sort things out.”

Staff told us they worked well together as a team and had opportunities to put forward suggestions to improve the service at regular staff meetings. They told us their views were always listened to and respected by managers.

The registered manager told us they considered the key achievement since our last inspection had been the development of a strong senior management team including the recruitment of a senior nurse who was

responsible for improving the recording of care plans and the safe administration of medicines in the service. The registered manager told us one of the key challenges for the service was continuing to attract registered nurses who wanted to work in a nursing home setting. During our discussions the registered manager demonstrated a commitment to continuing to improve the service provided in Northwood and to involve people who used the service, their relatives and staff in this process.

The registered manager told us there was a regular programme of audits in place in the service and that these included those relating to falls, infection control, care plans and medication. They told us they would always review care plans to ensure they were up to the required standard and reflected people’s needs although this audit was not formally recorded. Records we looked at showed that although medication audits were taking place the frequency was infrequent. This meant there was a risk required improvements to the administration of medicines would not be identified in a timely manner. The registered manager told us they had plans to introduce monthly audits following the introduction of the new policy relating to the safe administration of medicines.

We looked at the most recent satisfaction survey and found that the majority of respondent had made positive comments about all aspects of the care and treatment provided in Northwood. We saw that, where people had been less positive, the registered manager had reviewed the comments made to identify what improvements needed to be made to the service.

We saw that relatives had commented positively on the leadership in the service. One person had written, “It does you great credit to have gathered together and led a team of which you must be proud. It speaks highly of your own professional management, medical and caring abilities.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not have effective systems in place to ensure the proper and safe management of medicines.