

Northwood Nursing and Care Services Limited

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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

Northwood Nursing and Care Services Limited provide nursing care, personal care and live in care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting 56 people.

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

People and their relatives were happy with the service they received. Staff demonstrated a good knowledge of safeguarding and whistleblowing policies. People received their medicines in a safe way and as prescribed. Risk assessments were implemented to help keep people safe. People were protected from the risk of infection. The registered manager monitored accidents and incidents to prevent reoccurrence and keep people safe from harm.

People's needs were assessed before a care package was agreed. They and their relatives were involved in this process. The clinical lead was proactive in working with healthcare professionals to promote the quality of service provided to people. Staff were supported through training and supervisions to provide effective care and support. People were supported to eat healthy and stay hydrated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Staff received a good induction before they started providing care and support.

People told us the staff were caring and kind. Staff respected people's privacy and dignity. People were supported to be as independent as possible and were supported to attend activities and events that were important to them.

People knew how to make a complaint and people felt if they had a concern it would be listened to. Staff knew how to communicate with people in ways in which they understood. The provider had good communications systems in place and people views and opinions were sought. This feedback was used to improve the service.

The registered manager was committed to the continuous development of the service and they promoted a supportive and inclusive team culture. The service was well-led, and the provider had effective monitoring and governance oversight of the service.

Rating at last inspection: At our last inspection we rated the service as good. (Published 15 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Northwood Nursing and Care Services Limited

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.

Inspection team

The inspection was carried out by one inspector and 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. As part of the inspection they contacted people and relatives who were receiving care and support.

Service and service type

This service is a domiciliary and nursing care agency. It provides nursing and personal care to people living in their own houses and flats. The service also provides live in care for people in their own homes.

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about 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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, nominated individual, clinical lead and one care coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted five professionals who work in partnership with the service and three members of staff. We spoke with eight people who used the service and two relatives.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had recruitment procedures in place. However, they were not always following these procedures because they did not have a record to show the full employment histories for some staff. We spoke with the registered manager about this and they responded immediately during and after the inspection by obtaining this information and forwarding this to us. The registered manager assured us they would update their policy.
- The staffing levels were appropriate to ensure people's needs were safely met. People told us there was enough staff to visit them and attend to their needs. One person told us, "I think they understand what [Person] needs to keep risk at a minimum."
- The majority of people received their calls on time but if staff were running late, office staff contacted people to let them know. People told us staff stayed for the required length of time.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Comments included "I always feel safe using this service the care is just what I need," and "Everyone is kind and they keep [person] safe and well looked after."
- We saw evidence that the service conducted investigations when there were concerns people had been put at risk of abuse. The registered manager had followed the provider's policies and procedures and they knew when to refer to CQC and the local authority if they had any safeguarding concerns.
- The staff we spoke with had a good understanding of how to keep people safe. Staff received face to face training as part of their induction and annual refresher training.

Assessing risk, safety monitoring and management

- Risks to people had been considered, assessed and planned for. Risk assessments were in place for people's individual support needs.
- The provider supplied live in carers, as a result, they had comprehensive risk assessments in place for people living in their own homes. These assessments recorded information on how to support people to keep them and others safe. One relative told us, "Everything is risk assessed and so this helps us all know they care for [person]." People's care plans provided detailed information to help reduce any risks identified to people's safety, which staff understood.
- The service had developed risk assessments in respect of behaviour that challenged the service and had arranged additional training for staff to help ensure they had the appropriate skills to meet people's needs.
- Each week the provider updated their Business Continuity plan and they held meetings to agree how best to support people for possible adverse event such as bad weather. This helped ensure they had appropriate

systems in place to meet the needs of the people they supported.

Using medicines safely

- The provider's systems and procedures were designed to ensure people had the level of support they needed to manage and take their medicines safely. The provider had recently introduced a new medicines policy. Staff had received appropriate training and the clinical lead carried out regular checks on staff members' level of competence. People told us they were happy with how their medicine was administered.
- Staff maintained records following the administration of medicines. The clinical lead regularly checked these records and any concerns were addressed. Staff conducted weekly checks on people's medicines. If they saw anomalies this was reported to the senior staff who followed up with the health care professionals.
- The provider was supporting people who required specialist medical equipment. Staff received the appropriate training and had contact details for healthcare professionals if they needed extra advice and support.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training. Staff were provided with personal protective equipment, including disposable gloves and aprons. People confirmed staff used this equipment when providing care and support.

Learning lessons when things go wrong

- The registered manager was proactive about learning lessons and improving the service. The provider had systems in place to monitor incidents and accidents. This information was monitored to look for themes and trends and learning was cascaded down to staff.

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 now 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 care was planned and delivered based on national guidance and standards.
- The registered manager or office staff visited people in their home to conduct the initial assessment. People told us that this assessment was very detailed. One person told us, " We have all talked together about the care I receive. Everyone knows what is going on in my plan." Care was delivered in line with people's individual assessments and regularly reviewed.
- Staff we spoke with understood people's individually assessed needs. Staff recorded all the support they delivered in handover notes, office staff reviewed this information to make sure it was legible and provided colleagues with the appropriate information to care on ongoing care. The registered manager told us "We expect a high standard of handover notes and we use this to test staff and understanding of skills, knowledge and competencies."

Staff support: induction, training, skills and experience

- Staff had the necessary skills and knowledge to be able to perform their roles effectively. When staff were recruited they must attend ten days of mandatory training. Records showed the induction was thorough and detailed. Staff told us the induction was helpful. Comments included "The training is well written and easy to follow" and the training is helpful."
- The provider offered annual refresher training for staff to continue to develop skills and knowledge and meet the needs of people using the service. Staff were encouraged to the service had systems in place to ensure training was refreshed regularly so staff would be kept up to date with best practice and guidelines. Staff were encouraged and supported to complete NVQ's and the Care Certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care.

The registered manager told us, we keep on top of our training as we see the importance of keep people trained and engaged and skilled. "

- Staff received an annual appraisal and supervision every six months alongside on-site competencies checks which were carried out by care coordinators to support staff with their day to day practice.

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

- People were supported to maintain good nutrition and hydration. One person told us "I'm always able to have a drink whenever I want one and I have a water bottle on my table which is where I sit. Staff fill it for

me."

- As part of people's care plans there was detailed information on how to support people to maintain a balanced diet. Care plans contained information regarding specific dietary needs such as allergies or health conditions. Within care plans we saw evidence of staff completing food charts and fluid charts.
- If people where been supported by the SALT team, there was appropriate information recorded on how best to prepare food alongside the necessary risk assessments. The SALT team provides assessment of swallowing for people who have difficulty swallowing, eating and drinking.

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

- The provider had a clinical lead who supported staff to work alongside health care professionals to ensure people remained as healthy as possible. Within people's care plans we saw staff worked with other agencies to the benefit of people using the service.
- The provider had developed a discharge summary which is filled out by staff when someone is discharged from hospital. The registered manager told us "Hospitals complete a similar form but it is important for us to complete our own as this ensures we know and understand people's care needs."
- If people had complex health care needs the clinical lead was proactive in working in partnership with healthcare professionals to ensure people received the appropriate care and support.
- People were supported to attend their healthcare appointments. One person told us "Yes, they help me to contact the GP, opticians and the feet people."
- If staff are family members were concerned about people's health they could contact the office for support.
- People were supported to ensure they had good oral healthcare. The registered manager told us " Oral healthcare is covered as part of the induction. "

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- We found that the provider had incorporated the principles of the MCA into policies within the service.
- Staff received training on the MCA as part of their induction and refresher training. The principles of the MCA were embedded into all training. The registered manager told us they ensured staff worked within the principles of the MCA by "Ensuring it was a real live discussion. "

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- All of the feedback we received from people or their relatives consistently showed staff followed the provider's core aims and values which was to ensure people received person centre care.
- The service had systems in place to ensure people were treated in a compassionate manner and equality and diversity was respected. People and their relatives spoke highly about the staff. One person told us, "The [staff] come into my house and respect me and my things as well as my own space. They are very kind, and I feel that my home is still my own and has not been taken over."
- Before a staff member was allocated to someone there was an introductory meeting set up to ensure people were comfortable with the staff member. People told us staff were consistent which helped to build good working relationships.
- People and their relatives told us the reliability of the service made a real difference. One person told us "I have one lady in the morning and a different one in the evening. They never change, and they are lovely people, so kind and helpful."

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

- People were consulted and involved in their care and support. One person told us, "I feel they listen to me and how I like things. I'm given choices and decide how I like things myself."
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.
- Staff we spoke with gave examples of how they ensured people's involvement and choice when they provided care such as encouraging people to pick their own clothes and choosing daily activities to participate in.

Respecting and promoting people's privacy, dignity and independence

- The service supported people to be as independent as possible One person told us "I feel I still have my independence because they do the things I can't do and encourage me and help me with what I can. I am from a different culture and everyone from the agency always treats me well".
- People told us staff respected their privacy and dignity. One person said, "She respects me, and I get privacy. She always knocks on my door."
- Staff understood key principles in relation to maintaining confidentiality and protecting people's personal information.

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place which set out how to support people in a personalised manner. Care plans detailed people's needs choices and individual preferences. Care plans were subject to regular reviews which meant they were able to reflect people's needs as they changed over time. People and their family members told us they were involved in the review process. One person told us. "We have regular reviews. My carer asks me daily if everything is okay for me and the office lady calls maybe once every six weeks to see if we are happy or need anything changed or updated and they listen."
- People spoke highly of the service and felt it supported them to live as independently as possible. People's care plans provided information on their backgrounds, interests, likes and dislikes which helped to ensure staff had the necessary information to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had a clear understanding of the AIS and if people needed support the service had the necessary tools such as access to translators which could be used to improve people's access to information. We saw evidence within one person's file of how staff supported someone with a specific language need.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were actively encouraged to maintain relationships with people who were important to them. If people received live in care, staff supported people to participate in a wide range of activities reflecting their interests.
- People were encouraged to attend local community groups or activities such as local luncheon clubs and libraries. People told us they enjoyed participating in these events. One relative told us "[Person] is taken to the local library and staff arrange for [person] to attend club trips." Another person told us how staff supported them to visit their neighbours which they really enjoyed.
- If people wished to go on overnight trips, the registered manager supported people to do this. People had been supported to stay in hotels, visit places of historical interest and go to the seaside.

Improving care quality in response to complaints or concerns

- The provider was operating within their complaints policy and people told us they knew how to complain. One person told us " I've never had to complain but I wouldn't hesitate to call the service." We looked at the complaint procedure and we could see there was a clear audit trail in place to deal with complaints.
- Information was stored in a way which showed what the complaint was, how it impacted on the person and how the registered manager dealt with each stage of the process.
- The provider logged all complaints, and these were audited every month to identify trends. If trends were identified an action plan was developed to minimise the risk of reoccurrence.

End of life care and support

- At the time of the inspection the service was supporting one person who was receiving care at the end of their life. As part of people's assessment end of life is discussed. If people choose to discuss their wishes this is recorded.
- Staff told us they attended training provided by a local provider and they felt able to support people who were at end of life stages.

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 now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well managed and office staff worked well together. The registered manager spoke highly of the staff by telling us "I am proud of all of my staff". The registered manager had worked to embed the values of the organisation to ensure people received ongoing care and support.
- People and relatives told us the service was well led. Comments included, "I feel they deal with things effectively with a quick response" and "The manager is organised and proactive and I find they are good listeners and give accurate advice."
- The registered manager showed us evidence of effective monitoring systems for the service. Information was logged on a weekly basis and each month the registered manager met with her management team to update on progress and agree next steps.
- The staff received good support and staff told us they felt supported and cared for by the provider. Each month the provider recognised the work of care staff and staff received a recognition award.
- Staff were encouraged to attend staff meetings and they were kept up to date on changes which affected their day to day work.

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 provider had a good understanding of duty of candour and promoted an open and honest service and led by example. They had provided us (CQC), with notifications about important events and incidents that occurred at the service and the rating of the last inspection was displayed on the provider website and at the office.

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

- The registered manager and office staff were clear about their roles and responsibilities which help to ensure staff had the necessary support to be responsive to people's needs.
- We saw evidence of the clinical lead reviewing a range of records to monitor the quality of the information and to ensure they were completed in line with the providers policies. We saw the medicine administration record (MAR) charts were reviewed each month and issues were addressed with staff.
- The registered manager had completed an NVQ level 5 in leadership and the management team kept themselves up to date with current legislation and best practice guidelines through, amongst other things, attending further training as well as sharing information within the organisation with other managers.

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

- The registered manager was committed to engaging with people and seeking their opinions. This was achieved through care plan review meetings, follow up telephone calls and satisfaction surveys. As part of our inspection we reviewed the customer care survey which was very positive.
- People told us they were regularly contacted to ask for their feedback. One person told us " I get calls and letters and it is written so I can understand it. They ask for feedback on the phone."
- People also received seasonal newsletters to keep them informed of changes in the service. This newsletter was also used to highlight services or issues which may be relevant to people.
- The registered manager was proactive in creating stronger links with the community to benefit people using their service. For example, the registered manager was establishing a community event to raise awareness on Dementia. The registered manager had engaged with lots of stakeholders to ensure all local community groups were able to actively participate in this event.

Continuous learning and improving care; Working in partnership with others

- The service had effective systems in place to check on the quality of the care provided. For example, if people required specialist support or care regarding their medical needs the clinical lead was proactive in ensuring all health care professionals were working together to improve the person's day to day care.
- The service had good links with the local community and key organisations reflecting the needs of the people they supported.