TOB Care Ltd

Northwood Nursing & Residential Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Northwood Nursing and Residential Care is a residential care home providing personal and nursing care to 15 people at the time of the inspection. The service can support up to 27 people. The home is a detached building with accommodation provided over three floors. There are both a passenger lift and stair lifts to help people mobilise around the building.

People's experience of using this service and what we found
With the exception of one individual, people were very happy with the care and support they received in the home. They told us staff were kind, caring and respectful of them. Relatives also spoke positively about the care their family members received. Comments people made to us included, "'The staff are wonderful and they appear to be very well trained", "I am very safe here as I have no worries regarding any staff who look after me" and "I cannot speak highly enough of the staff; I cannot fault them. They will do anything for me to make me comfortable."

One person told us they did not believe staff had acted promptly enough when they raised some concerns about their care. We did not find evidence to support this view although the manager was keen to identify any areas where care could have been improved.

Systems to ensure the safe handling of medicines were not sufficiently robust. This meant we could not be assured people had always received their medicines as prescribed. Staff had been safely recruited and there were enough staff on duty to meet people's needs. Improvements had been made to the environment and measures to control the risk of cross infection since the last inspection.

The provider was in the process of moving to a new electronic care planning system. Staff used hand held devices to record the care they had provided to people. However, the records failed to show that people's nutritional intake had been robustly monitored or that specialist guidance had been followed to reduce the risk of choking for one person. Staff received induction, training and supervision to help them deliver effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us the quality of food was good and they could have alternatives if they did not like what was on the menu.

Staff were observed to be kind, caring and respectful towards people. They demonstrated a commitment to providing high quality care and told us they would be happy for a relative to live in the home. Staff supported people to be as independent as possible.

An activity coordinator had been appointed since the last inspection. They had a programme of activities to reduce the risk of social isolation. People told us they were happy with the range of activities provided.

Although people generally told us they received the care they needed, they were unaware of any care plans in place. The provider told us the new care planning system would better record people's involvement in the care planning process.

Although the provider had systems in place to monitor the quality and safety of the service, these needed further improvement as they had not identified the issues we found regarding the safe handling of medicines. People had opportunities to provide feedback on the care they received. They were positive about the new manager and felt confident they would run the home well. Staff told us morale had improved since the last inspection.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 15 October 2018) at which time there were breaches of four regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had not been made in all areas and the provider was still in breach of one regulation. The service remains rated requires improvement. This is the second consecutive time the service has been rated requires improvement.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our safe findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Northwood Nursing & Residential Care

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 team consisted of one inspector, a specialist advisor in nursing care 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.

Northwood Nursing & Residential Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed a new manager who had been in post for four weeks at the time of this inspection

Notice of inspection
The inspection was unannounced. This meant the provider did not know we would be visiting.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and the local Healthwatch service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff employed in the home. These were the manager, the home administrator, a registered nurse, three members of care staff, the cook, the maintenance person and the activity coordinator. We also spoke with one of the directors of the company which owns the service, the regional manager and the regional operations manager.

We completed checks of the premises and observed how staff cared for and supported people in communal areas. We reviewed a range of records. This included eight people's care records. We also looked at medicines and records about medicines for nine people. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection
We asked the provider to send us quality assurance audits and action plan completed by the previous manager as these were unavailable on the day of the inspection. We also asked the manager to send us a copy of the investigation they had completed following a complaint raised by a person who lived in the home. These were received in a timely manner.

Requires Improvement

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 required improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection, the provider had failed to ensure medicines were always safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Staff did not always handle medicines safely. However, we found some examples of medicines being managed well. Medicines were stored safely, and most medicines were given as prescribed.
- Records about the quantity of medicines in the home for people were not always accurate and did not show that all medicines were accounted for or had been administered as prescribed. Records about the use of creams did not always show that they were applied as prescribed.
- There were no records about the use of prescribed thickeners. The provider did not have a system to ensure that people with swallowing difficulties had their medicines in a suitable formulation to ensure they were not at risk of choking.
- When doses of medicines were changed, the records lacked clarity. People were at risk of being given doses of medicines too close together or at the wrong times because there were no systems in place to make sure this did not happen.
- Staff did not always have written guidance to follow when people were prescribed medicines to be given 'when required' or with a choice of dose. When guidance was in place it lacked detail. This meant staff did not have the information to tell them when someone may need the medicine or how much to give. Staff failed to record if doses of 'when required' medicines such as pain relief were effective.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safely managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the manager assured us they had contacted relevant professionals to address the concerns we had identified.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. Except for one individual, people told us they felt safe in the home. Comments made to us included, "I am very safe as the staff are very kind to me

and do all they can for me" and "I am very safe here as the staff are excellent." Information about safeguarding was on display in the home to inform people of how they could report any concerns.

● One person told us they were worried about possible repercussions after they had raised some concerns about the care they had recently received. We raised this with the manager who took immediate action to discuss these concerns with the person and reassure them about their safety.

● Staff had completed safeguarding training. Although all staff told us they would report any concerns they had about suspected abuse to a senior staff member, they were not always clear about how to escalate concerns to agencies outside of the home. The manager and provider told us they would remind staff of the whistleblowing (reporting poor practice) procedures in place.

Assessing risk, safety monitoring and management

● The provider had established systems to protect people from avoidable harm. Staff completed assessments to identify risks to people's health and safety such as their risk of falls or risk of choking. These risk assessments were regularly reviewed by staff to ensure they were up to date and reflective of people's current needs.

● Staff completed an emergency evacuation plan for each person on their admission to the home. These were colour coded to easily inform staff of the level of support people would need in the event of a fire or other emergency evacuation of the building.

● Staff completed checks to help ensure the safety of equipment used. Staff supported people to mobilise safely whilst encouraging their independence as appropriate.

● The maintenance person completed regular checks of equipment and the premises to help ensure the safety of everyone in the home.

Staffing and recruitment

● Staff had been safely recruited. The provider completed required pre-employment checks to help ensure staff were suitable to work with vulnerable adults.

● With the exception of one person, people told us call bells were always answered promptly. We observed all call bells were answered in a timely manner. The provider told us, as the occupancy levels increased, the required staffing levels would be kept under review.

Preventing and controlling infection

● The provider had improved the measures to control the risk of cross infection in the home. All the bathrooms had been furbished since the last inspection. This meant they were easier to keep clean.

● All areas of the home were clean and free from any offensive odours.

● Staff had access to personal protective equipment, including gloves and aprons.

Learning lessons when things go wrong

● There were processes in place to help ensure lessons were learned from incidents, accidents or safeguarding concerns. The provider maintained a log of all such incidents. The manager told us they would use staff meetings and supervision sessions to share any lessons learned.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider had systems to ensure people received care which met their individual needs. Senior staff completed a comprehensive assessment prior to a person's admission to ensure the service was appropriate for their needs.
- The provider had recently introduced a new electronic care planning system. They were in the process of transferring people's care records to the new system and told us this would be completed within two weeks. Staff used hand held devices which showed an at a glance summary of people's needs.
- We looked at two people's care records on the new system and found them to be person-centred and detailed about how staff should provide care. However, other care records were less detailed although staff clearly knew people well.

Staff support: induction, training, skills and experience

- The provider ensured staff received the training and support necessary for them to deliver effective care and support to people in the home.
- Staff told us they had received an induction when they started work. This helped to prepare them for their role in the home, although one person told us they felt they had been "thrown in the deep end a little." The manager told us they would ensure staff were asked if they felt ready to undertake their role at the end of their induction, or if they would benefit from this being extended.
- Staff told us, and records confirmed they received regular supervision on a one to one or group basis and had an annual appraisal. These processes help staff to identify areas for further development and to receive feedback on their performance.

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

- The provider had systems to monitor people's nutritional needs. Staff had started to use a new hand-held electronic system to record the amount people ate and drank. However, we noted errors in the way some information had been inputted which had not been recognised by senior staff.
- We could not find evidence that one person's fluid intake had been robustly monitored or that any drinks offered had been thickened in accordance with the guidance provided by the Speech and Language Therapy (SALT) team.

- People told us the quality of food was good and that they were able to have an alternative if they did not like what was on the menu. One person said, "I like the food I get a good choice and plenty to eat. I get supplied with drinks all the time. The cook asks me what I would like each day." Arrangements were in place

to meet people's cultural and dietary needs.

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 systems to record people's health needs. At the start of the inspection, we reviewed the care records for one person with complex health needs and found these to be lacking in detail. By the end of the inspection, the area manager had transferred the person's records to the new care planning system and the information included was significantly more detailed.

● Most people told us staff were good at contacting healthcare professionals should their condition change. However, one person told us they did not feel staff had acted promptly enough to address their concerns regarding skin integrity. The manager had already acted to begin to investigate these concerns. They had involved relevant professionals to provide staff with support and best practice guidance.

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

● The provider had decorated some areas of the home since the last inspection. There were areas where people were able to spend quiet time alone or with visitors. However, the provider still needed to improve signage to help orientate people to bathrooms and toilets. This would help maintain the independence of people living with dementia. The manager told us this would be a focus for their improvement plan.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The provider had systems to record whether people had the capacity to make decisions about their care and treatment. When necessary, best interest meetings had been held which included professionals and significant others to ensure people's rights were upheld.

● DoLS applications had been submitted to the local authority when people were unable to consent to their care and treatment in the home. Any conditions on authorised DoLS authorisations applications were documented to ensure they were complied with.

● Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this approach. We noted, when they had capacity to do so, people were able to come and go freely from the home.

Good

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider had failed to ensure people always received care to meet their diverse needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

● The provider had policies to ensure staff understood their responsibility to respect people's diverse needs and human rights. Since the last inspection staff had completed communication training to improve their ability to interact appropriately with people. We saw staff had commented positively on this training. We observed caring and respectful interactions between all staff and people in the home.
● Staff ensured people's diverse needs were documented in their care records; this included their needs in relation to spiritual and cultural needs.
● People told us staff treated them well and were always kind and caring. Comments made included, "The staff are all fantastic" and "They are all kind and caring and are very polite and respectful."

Supporting people to express their views and be involved in making decisions about their care
● Staff supported people to make choices about their daily life and the care they received. During the inspection, we observed staff asked people to make decisions about their day to day care.
● People were able to express their views during day to day conversation, meetings and satisfaction surveys. The manager had held a relatives' meetings to inform people of their appointment, their plans for the service and to gather views about the care provided.

Respecting and promoting people's privacy, dignity and independence
● Staff encouraged people to be as independent as possible and promoted their right to dignity and privacy. All bedroom doors had notices on them to remind staff to knock before entering.
● People told us staff were respectful of their right to dignity and privacy. Comments made included, "They never fail to respect my dignity when they support me" and "They respect my dignity whenever they are giving me a bed bath as that is what I prefer."
● The provider had acted to ensure people's confidential information was stored securely.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At the last inspection, the provider did not have an effective system for identifying, handling and responding to complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

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

- The provider had recently introduced a new care planning system to improve the way people's needs and preferences were recorded. This system better allowed people's contribution to the care planning process to be documented. The local authority had identified this as an area for development during their quality assurance visit in May 2019.
- Only one person was aware of a care plan being in place to record their needs although this did not cause them any concern. Relatives told us they had been involved in the initial development of a care plan but were not aware if this had since been reviewed.
- The service used a range of technology to monitor the care and support people received. Staff used hand held devices to record how they had met people's needs.
- Staff attended a handover at the start of every shift to inform them of any changes to people's condition.

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 provider had an accessible information policy. They also had systems to record people's communication needs.
- As part of their induction, staff received training in caring for people with hearing and sight problems and disabilities. This included learning about communication techniques and how information could be provided in an accessible format.

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

- An activity coordinator had been appointed since the last inspection. Records showed they supported people to engage in a range of activities. People who chose not to be involved in these activities were offered one to one time to ensure they did not feel isolated.
- One person used technology to ensure they could hear prayers taking place in the local mosque.

● People told us they were happy about the range of activities provided. Comments made included, "The activities coordinator spends time with me nearly every day" and "I take part in activities. I like the one to one sessions best."

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure which was on display in the entrance area of the home. People told us they knew how to make a complaint but, apart from one individual, were happy with the care they received.

● The records showed no complaints had been received in 2019. However, we were aware that one person had told us they had raised a complaint about their treatment. The manager told us this had not been recorded as a formal complaint. Following the inspection, they sent us evidence of the action they had taken prior to the inspection to investigate the concerns raised.

End of life care and support

● The provider had policies and procedures in place to enable staff to provide compassionate end of life care. Some staff had completed training in how to care for people at the end of their life.

● We saw that people were asked to state what care they would want to receive at the end of their life, including any cultural and religious needs they wanted to be met.

● We discussed with the provider the need to document people's wishes in the event of a sudden collapse, such as whether they were on the organ donation register or had made an Advance Statement or Advance Decision regarding future medical treatment. The manager told us they would act to ensure, when appropriate, people were asked about their views and wishes in relation to this.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The home did not have a registered manager and there had been two changes of manager since the last inspection in August 2018.
- The provider had appointed a new manager who had been in post for four weeks at the time of the inspection. They told us they intended to apply to register with CQC. The manager had spent their initial weeks getting to know people who lived in the home and staff.
- The provider had an action plan in place aimed at continuing to improve the quality and safety of the service. The manager told us they would be developing their own plan based on their discussions with people who lived in the home and staff. They also intended to improve, where necessary, the audit tools previously used in the home. They had not completed any audits since they started work in the home.
- The audit used tool used to monitor the safe handling of medicines had last been completed by the previous manager in May 2019. This had not been sufficiently effective to address the shortfalls identified during the inspection.
- The provider was meeting their responsibility to inform us of certain events which occurred in the home. The rating from their most recent inspection was on display both in the home and on the website for the service.

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

- The manager was committed to involving people who lived in the home, their relatives and staff in the running of the service. The service had policies and procedures in place to guide staff to provide person-centred, individualised care.
- People who lived in the home and their relatives were aware of the new manager as she had taken time to introduce herself. Comments included, "I know the manager; she is very nice. She comes to visit me in my room frequently. When I first came in here, she introduced herself straight away" and "The manager is very supportive. I have chatted with her and she has ensured me that standards will not drop and that everything will be improved."

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 duty of candour policy which set out how the service would be open and transparent

with people should things go wrong with their care. Staff training also covered the ethos of always acting in an open and transparent way.
● During the inspection, we noted how the manager met with a person to discuss concerns they had about their recent treatment in the home. They demonstrated a commitment to finding out if the care could have been improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were encouraged to contribute their views about the service both informally and through the provider's satisfaction survey. We saw one person had commented, "The changes over the past year have been for the better."
● Staff told us the morale in the home had improved since the new manager had been appointed. They told us they felt able to make suggestions about the way the home could be improved and their views were listened to. They also told us they now enjoyed coming to work.

Continuous learning and improving care
● The provider, their senior management team and the manager demonstrated a commitment to improving care. There were systems to analyse information from accidents, incidents, complaints and concerns to drive improvement within the service.
● The provider and regional operations director completed regular spot checks of the home and ensured any areas for improvement were clearly identified.
● The manager had used their initial staff meetings to advise staff of the high standards they expected from them.
● Relatives commented they were pleased to see the improvements that the provider had made in the home since the last inspection.

Working in partnership with others
● The service worked in partnership with other professionals and agencies to help ensure people received the care they needed.
● The manager told us they wanted to continue to develop the service to be more community focused.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have effective systems to ensure the safe handling of medicines.