

Action for Care Limited

Northfield House

Inspection report

Stockton Road
Knayton
Thirsk
North Yorkshire
YO7 4AN

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Northfield House provides care and support for up to eight people with a learning disability or autism in one adapted building. At the time of the inspection eight people were using the service.

People's experience of using this service

The principles and values of Registering the Right Support other best practice guidance ensure people with a learning disability or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to lead an active life.

Staff provided people with timely support to people and they knew how to intervene in the least restrictive and positive way. This approach had fostered positive relationships between staff and the people they supported.

The registered manager was keen to make changes that would impact positively on people's lives. They had taken appropriate action to identify and minimise risks including risks associated with medicines. Where needed additional staff training and support had been provided to improve staff performance and drive continuous improvement.

Staff were safely recruited and when we visited we found the service was adequately staffed. Appropriate safeguarding procedures were followed.

People were protected by the prevention and control of infection.

Effective systems were in place for measuring outcomes for people who lived at the service. These were used to highlight areas for improvement and promote safe, consistent care.

We received positive feedback about leaders and the registered manager. Staff told us that they felt supported by the manager and senior management team.

Rating at last inspection

At the last inspection the service was rated good (published 7 December 2017).

Why we inspected

We received concerns in relation to the management of medicines and risk management. As a result, we

undertook a focused inspection to review the Key Questions of Safe and Well-led only. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during inspection activity so we did not inspect them. The ratings from previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. The overall rating for the service has remained Good based on the findings and ratings of Key Questions Safe and Well-led at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northfield House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Northfield House

Detailed findings

Background to this inspection

The 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 checked 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.

The inspection was prompted in part by information of concern raised with the Care Quality Commission (CQC), which indicated potential concerns about medicines and risk management. This inspection examined those risks.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Northfield House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection took place on 19 March 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection, such as serious injuries. 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 observed staff interaction and support for people who were not able to speak with us directly about their care. We spoke with the registered manager and three support staff. We reviewed a range of records. This included two people's care records and associated medicine records, two staff files in relation to staff recruitment and training. We looked at records relating to the management of the service. We asked the local authority commissioning and contracts team and safeguarding team for their views on the quality of the service.

After the inspection

We spoke with the operations manager.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required.
- Where errors were found during checks these were appropriately investigated.
- Accidents or incidents were responded to appropriately; they were used as a learning opportunity to prevent future incidents where possible. The provider had sought appropriate professional expertise and support where needed to guide staff practice.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place. Staff understood how to protect people from harm or abuse; they had received training on safeguarding. A social care professional told us staff worked co-operatively with them to manage safeguarding issues appropriately.
- People looked comfortable and at ease with staff who supported them. People looked to staff for reassurance and support and this was offered willingly.

Assessing risk, safety monitoring and management

- Staff understood the support people needed to reduce the risk of avoidable harm; care plans detailed control measures for staff to follow to keep people safe.
- Care plans and risk assessments reflected positive behavioural support; they contained explanations for control measures to support people who were distressed or anxious. Staff supported people in a personalised way which worked for each person.
- The environment and equipment were assessed for safety.

Staffing and recruitment

- The provider followed safe recruitment procedures.
- People received care in a timely way. The registered manager monitored the amount of staff needed based on people's needs, activities and appointments.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Continuous learning and improving care

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care.
- Feedback was used to continuously improve the service. For example, additional training, supervision and support had been provided to improve staff performance.
- The registered manager empowered staff to speak up freely, raise concerns and discuss ideas. One member of staff told us, "[Name of registered manager] is great. They listen and act on what we say; I feel well supported."

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

- Staff met frequently to discuss the service they provided and how to promote positive outcomes for the people they supported.
- Staff told us the registered manager was approachable and they felt listened to. Staff understood the provider's vision for the service to provide high quality care and they told us they worked as a team to provide an inclusive service to meet people's individual needs.

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

- Regular checks were completed by the staff and registered manager to make sure people were safe and received consistent care. The provider also checked the service was safe.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- All the feedback or issues found during checks had been used to continuously improve the service.

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

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. For people with complex needs this involved accessing community facilities, events and activities. Feedback we received from the local authority confirmed the provider had worked co-operatively with them to enhance people's life experiences.