Anchor Trust

Northbourne

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

This was an unannounced inspection which took place over two days on 6 and 7 April 2016. The service was last inspected in August 2014 and was meeting the regulations in force at the time.

Northbourne is a care home which provides personal care for up to 33 people. Care is primarily provided for older people, including people who have dementia related conditions. There were 33 people living there at the time of inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The home was warm, clean and had comfortable communal areas. The home was undergoing refurbishment and had been adapted to meet the needs of people with a dementia related condition. There were sufficient staff, with different skills to meet the needs of the people living there.

People told us they felt safe, being cared for by staff who knew them well. Staff told us they knew how to raise concerns and had confidence action would be taken if they had any issues. Relatives told us they felt their families were safe at Northbourne and the home was welcoming and had a happy atmosphere.

Risks to people, such as for malnutrition and skin integrity, were assessed and care plans were in place to protect people from harm. Where people's needs changed, referrals were made to health care services and advice from external professionals was integrated quickly into the care plans and acted upon.

Staff were trained so that they could work with different people and were deployed so there was sufficient staffing. Staff were effectively deployed throughout the day to meet the needs of people. For example, ensuring there was support for people at mealtimes.

People's medicines were managed safely; stock control and ordering were managed by trained staff with checks to ensure that the risk of errors were minimised. Audits were carried out regularly to ensure that staff were competent and that any errors would be quickly identified and action taken to reduce their reoccurrence.

Care was effective and people received care based on best practice and the latest advice from external professionals. Care plans were detailed and personalised. This had not been consistent over time, but this had been identified and action taken to update all peoples' care plans. People's consent was sought, where this was possible. Where people could not consent, their care was delivered in their best interests after consultation with family and external professionals.

There were a number of people subject to Deprivation of Liberty Safeguards (DoLS) and these had been managed by the service, with referrals for local authority authorisation being made appropriately. The service had a system in place to ensure that renewals were requested promptly.

Staff were recruited robustly and received training based on the needs of people using the service including dementia awareness. Staff had undergone an induction period and their mandatory training was up to date.

People were supported to eat and drink and maintain a balanced diet. Staff supported people at mealtimes in a dignified way. We observed a calm and relaxed mealtime experience. The service monitored people's weights and took further action if needed. Visiting health care professionals told us the care and support offered was effective.

Care interactions observed were positive and there were good relationships between people and staff. All staff we spoke with knew people's needs well and spoke about them in a positive manner. People and their families were encouraged to express their views and be actively involved in making decisions about their care and support. There was evidence of people's involvement in their initial admission assessments, reviews of care, as well as at meetings and surveys.

People's' choices and rights were respected. Staff knocked on doors before entering; they offered people choices throughout the day and responded to requests. People were encouraged to be part of their community and continue relationships and activities that had been important to them. The service had a reminiscence room that had period furniture and activities.

Where people or relatives had complained or raised queries about the service, the registered manager responded positively and the outcomes led to positive changes in the service.

Throughout our visit we observed staff and people responded to each other in a positive way. People were engaged in meaningful activity with support and staff took time to talk to people as they were carrying out their duties. We saw smiles and heard laughter as staff and people interacted. The activities coordinator offered a range of in house, one to one and external activities including outside entertainment.

The registered manager had taken steps to ensure the service was run effectively. There were regular meetings between staff within the home for the sharing of information. Regular quality audits were conducted and action was taken where incidents occurred or improvements could be made.

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. Staff knew how to keep people safe and prevent harm from occurring. The staff felt they could voice any concerns, and these would be addressed to protect people from harm. People in the service felt safe and able to raise any concerns they might have.

Staffing was organised to ensure that people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective. Staff received support from senior staff to ensure they carried out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify training needs.

People could make choices about their food and drinks, alternatives were offered if required. People were given support to eat and drink where this was required.

Arrangements were in place to access health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity. Where people were deprived of their liberty this was in their best interests and subject to review.

Is the service caring?

Good

The service was caring. Staff provided care with kindness and empathy. People could make choices about how they wished to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide personalised care. People were supported effectively by staff at the end of their lives.

Is the service responsive?

Good

The service was responsive. People had their needs assessed and staff knew how to support people according to their preferences. Care records showed that changes were made in response to requests from people using the service and following any external professional advice.

Staff knew people as individuals and respected their choices. The activities coordinator supported and developed a range of activities for people.

People felt they could raise any concerns with staff, and felt confident these would be addressed promptly.

Is the service well-led?

Good

The service was well led. The home had a registered manager in place. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. This helped to reduce the risks to people who used the service and helped the service to improve.

The provider had notified us of any incidents that occurred as required. People were able to comment on the service provided to change service delivery over time.

People, relatives and staff spoken with all felt the registered manager and care manager were approachable, caring and flexible.

Northbourne

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 the 6 and 7 April 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team and service commissioners was also reviewed. They had no negative feedback on the service.

During the visit we spoke with 11 staff including the registered manager, four people who used the service and seven relatives or visitors. Observations were carried out at a mealtime and during an activity, and a medicines round was observed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with one external professional who regularly visited the service.

Three care records were reviewed, four medicines records and the staff training matrix. Other records reviewed included safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, five staff recruitment/induction and training files and staff meeting minutes. We checked people's weight monitoring records, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining areas, offices, storage, laundry areas and when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. People and relatives told us the staff team knew them well and responded quickly to any issues they had. One person told us, "It's been busy here with builders in, but they all have identification and the staff chaperone them about." Another person told us they liked the service's new adapted garden as it had been improved and was safer and more private. A relative we spoke with told us how they moved their relative to this service from a similar service. They told us they were both much happier. They said, "The staff here check on them and don't ignore them."

Staff had access to the provider's policies on safeguarding and whistleblowing. They received safeguarding training during induction and thereafter were refreshed on a regular basis. Staff told us what they did to ensure people remained safe, for instance, by ensuring that people who needed supervision were supported by a staff member when they left the dining area to go to the lounge areas. Staff we spoke with felt able to raise any concerns or queries about people's safety and well-being, and felt the registered manager would act on their concerns. We saw that where alerts had been raised by the registered manager they had been acted upon correctly. For example, where there had been incidents between people, staff put in additional observations and checked for any signs of ill health and spoke to healthcare professionals and people's family members for advice.

We saw in people's care records there were risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. For example, people's risks relating to poor diet and fluid intake were being managed and referrals to external professionals were made if required. We observed that people who needed support to maintain their food and fluid balance were supported and encouraged by staff to eat and drink throughout the day. We saw that drinks and snacks were available at all times in different parts of the service.

The home was clean and comfortable and we observed that housekeeping staff worked to schedules. Measures were taken to provide a safe environment including doors secured with keypads and restrictors on windows. Clinical rooms and medicine trolleys were kept locked. There were no obvious tripping hazards and handrails were provided throughout the building to help people move around safely. Appropriate equipment to support people's care and safety was made available including mobility aids and pressure-relieving mattresses. The building was undergoing refurbishment of communal areas and bathrooms at time of inspection. We saw that signage was in place to identify risks and that staff were aware of where people were to support them in areas of the building where work was taking place. People told us the building work had been managed well and had not disrupted the service. We saw builders had been checked, wore identification and were aware of the risks their work may have posed to people using the service.

The registered manager and care manager undertook regular checks within the service to ensure the environment was safe for people living there. A maintenance record was kept and we observed that the building and grounds were clean, well maintained and secure. We saw records that confirmed equipment checks were undertaken regularly and that safety equipment within the home, such as fire extinguishers,

were also checked regularly. There was a drain blockage in a staff area and we saw this was acted upon quickly and resolved during inspection.

The registered manager explained to us how they ensured there was adequate staffing. This was based on the numbers of people and levels of needs and they had the ability to bring in additional staffing if required. Staff and people told us they felt there was enough staff and we observed that staff were able to respond quickly when required and still had time to spend with people.

We saw from records that the registered manager met regularly with the staff team and with people and their relatives. These meetings checked if they had any concerns about the service and staff told us they felt able to raise any concerns they had about people's safety in the service.

An appropriate recruitment process was followed to check the suitability of new staff. Pre-employment checks included proof of identification and completion of application forms with work history and details of training. References, included one from the last employer were obtained.

We looked at the way medicines were managed. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Systems were in place to ensure that the medicines had been ordered, stored, administered, audited and reviewed appropriately. The staff we observed checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. People were offered a drink of water and staff checked that all medicines were taken. The MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered. Temperature checks in the medicines storage room were not being completed regularly; this meant medicine might not be stored correctly. We brought this to the registered manager's attention who agreed to take immediate action.

Good

Is the service effective?

Our findings

People who used the service told us they felt the home was effective in meeting their needs. One person told us, "Its canny here, they look after me the way I want it". A relative we spoke with told us "The staff here know what they are doing; they seem to always being trained on something new." Another relative told us, "They check with me that it's all going well. But I don't want to change a thing."

From records of staff induction we could see that all staff went through the provider's common induction process. We could see that all staff had attended mandatory training such as fire safety and first aid. The registered manager kept a matrix of all staff showing when any refresher training was needed, meaning that staffs skills were kept up to date.

Staff were regularly supervised by senior staff and records showed these included discussion about the needs of people as well as the performance and training needs of staff. Staff had an annual appraisal and were given feedback on their performance, as well as advice about external training they could access. However, whilst the care manager who had responsibility for checking supervisions had been not been at work, these had not been as regular as the provider's policy stated. We discussed this with the care manager who showed us how this had now been timetabled for all staff and we could see the process had begun again and was robust. This meant staff were now being supervised and appraised regularly.

Staff meeting minutes showed that staff were consulted and updated on changes in the home that affected the safety and wellbeing of people and staff. Staff we spoke with told us they felt able to contribute to the home's development.

We observed staff always asked people about their wishes before delivering any care to them. For example, they asked people what they wanted to do throughout the day, offering them choices and responding to requests. We spoke to one relative who gave positive feedback on how staff communicated with them and kept in touch about any issues or changes that had occurred. They said staff sought their views and listened to them.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are 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 were being met. From records we saw that appropriate referrals had been made to the local authority where

people's care amounted to a deprivation of liberty. The service had a process in place to review these as required and that staff had been trained to understand the process. Where people were deprived of their liberty this was reflected in care plans and risk assessments.

We saw from individual records there was information recorded about people's nutritional needs and that nutritional assessments were undertaken monthly. This helped staff identify people who were at risk of losing or putting on too much weight. Weights were monitored monthly or more frequently when an issue was identified. We saw entries in the care records that showed staff sought advice or assistance from health care professionals such as the GP, dentist and dietician where concerns were identified. People's nutritional care plans showed what specific dietary needs they had: for example, if they were having regular dietary supplements or needed regular prompting to eat their meals. We observed the mealtime experience over the two days of inspection and found it to be a calm, pleasant experience. People told us the food was nice and we saw staff supporting people to eat, chatting away as they assisted. There were a number of 'Hydration stations' in the service where drinks and snacks were available throughout the day. We saw people and relatives using these during the visit.

There was evidence of joint working between the service, the local GP's and other community health professionals. Records showed this input was used to consult and advise about people's changing health needs and care plans were regularly updated following this advice. Staff told us how they used this advice to change their approach to working with some people. We saw from records that people had access to support from health care professionals including General Practitioners, district nurses, physiotherapy, speech and language and the behaviour support team. We saw that people's health needs were met by the service. Staff said they supported people to attend appointments if required, such as GPs and chiropodists if they did not visit the service. Staff also said they contacted family members to inform them of any changes in their relative's needs, such as if they were ill. We saw people had aids and equipment, such as Zimmer frames, to help them move safely around the home. These were kept clean and close to hand.

The service was in the process of completing a refurbishment. We saw that bathrooms had been improved as had the décor and a communal garden. These had been done with consideration of the needs of people with a dementia related condition, to assist orientation and keep people safe. A relative told us the improvements were, "Absolutely fantastic, I just wish it was all completed".

Good

Is the service caring?

Our findings

All the people and relatives we spoke with found the staff to be both kind and compassionate and felt they treated them with respect. One person told us they liked living there as they felt the staff team "Considered them like family". Relatives all told us how they felt the staff were caring, one told us staff were "Friendly, approachable and attentive to [Names] needs." Another relative we spoke with told us about their experience of another care service. They told us, "Here they actually do the little things that make it for me. I can go away now on holidays and not worry about [relative]."

We saw staff had good relationships with people and they went about their work showing care and concern for people. For example, care workers took time to reassure and assist one person who was not sure what they wanted to do and was walking without purpose around the corridors. When we spoke with staff after they told us how they knew this persons likes and dislikes and offered choices of things to do next knowing which they would prefer. We observed positive interactions between people and staff, people seemed happy and we saw numerous smiles throughout the visit. We saw staff and people engaged in recreational activities throughout the visit and saw that staff knew people well, for example knowing which activities people would need assistance for.

Some people had advanced dementia related conditions, and we saw that staff discretely monitored these people throughout the day. Staff told us how one person had initially been anxious when they first arrived and how they had encouraged them to mix more in the service and spend time outside their bedroom. Another person was supported to relax away from the main part of the service, with staff checking on them throughout this time.

During the inspection we observed that staff acted in a professional and friendly manner, treating people with respect and helping them maintain their dignity. For example records and staff told us how they supported people to maintain their independence as much as possible, only supporting people where this was required. We also saw staff knocked on people's bedroom doors and waited for permission to enter. We found staff were aware of the importance of involving people in decisions and listening to their views about what they wanted. For some people with a dementia related condition staff told us they would speak with their relatives for advice.

Staff were well informed about people's preferences about their daily lives including their likes and dislikes. A profile of each person was available in their records which helped to identify people's preferences in their daily lives, their hobbies, and important facts about their previous lives. This meant staff were able to provide support in an individualised way that respected people's wishes. The profiles were particularly useful for people who had dementia and were unable to recall past events or their particular preferences in leisure and activities.

In the reception area of the home we saw information was available about advocacy services provided in the local area. There was also information about safeguarding adults, how to complain and a range of other services. The walls were also decorated to assist people who were unfamiliar with the environment, or had a

dementia related condition. This helped people familiarise themselves quickly in the service.

We were told and saw records that confirmed there were resident and relatives meetings where problems could be raised and upcoming changes in the service discussed. The relatives we met felt the staff and registered manager were receptive to their ideas and suggestions.

We saw that care plans and records about people were kept in a staff area away from where they may be seen, this area was kept locked when staff were not present. From records we saw that staff recorded in each person's care file using positive language to describe how they supported them.

Good

Is the service responsive?

Our findings

Those people who could communicate with us told us they had been involved in creating their care plans and relatives told us staff actively sought their input into their relative's care. Relatives told us that the staff seemed to be knowledgeable on meeting their relative's needs. Relatives told us they felt welcomed into the home and that they were consulted at all times, and if they asked for something to change, this happened quickly. One relative told us that staff had asked them a lot of questions after they first moved to the service. This was to get more background about their likes and dislike so they could find an activity they enjoyed. They told us, "The carers wanted to know about what [relative] enjoyed the most. They had activities, but they were not taking part. I think they got the idea that [relative] just needed time to adjust after living alone for nearly ten years".

We looked at three people's care records, including support plans about their care needs and choices. We saw the quality of recording was mostly consistent and provided clear information about each individual. However we did see that some care plan reviews in the previous six months had not occurred as planned, or that the level of detail differed from previous reviews. Some reviews lacked personalised details to assist the reader in knowing how best to care for the person. We saw that a new process was now in place and some of the more recent reviews were of improved quality. We discussed this with the service care manager and registered manager. They told us that due to staff absence, the leadership and auditing of care plan reviews had differed from normal. This had now been resolved and would continue to be subject to audit and review. We saw that more recent care reviews contained the details needed to deliver individualised care.

We recommend the service increase personal details contained in the reviews of people's care plans to ensure staff deliver individualised care.

The staff we spoke with were well informed and respectful of people's individual needs, abilities and preferred daily lifestyles. For example, a staff member described how a person was supported with their personal care and it was evident the staff member was aware of their likes and dislikes. We saw that care was provided in a flexible way to meet people's individual preferences. For example, one person was supported to self-medicate, having their own creams to apply when they chose. We observed staff seeking peoples input when changing CD's, asking people what music they would like to listen to.

Staff told us they provided activities and one staff member led on this work in the home though all staff were encouraged to be part of activities. We saw that people had one to one time, as well as group activities. We observed a gardening session where people were supported by the activities lead and other staff. We observed a number of positive interactions between people and staff, as well as between people themselves. We also saw that there were boxes in communal areas with activity ideas inside, from colouring books, through to jigsaws and other sensory items. We observed that people used these spontaneously during the inspection. We saw that other sensory items, such as 'twiddle cushions' were available in communal areas and used by people. These are designed to offer sensory stimulation for people with a dementia related condition.

Relatives we spoke with told us the service offered good activities. One relative told us, "I see there is always plenty to do here. Where [relative] was before they just sat and watched TV, here all the staff are involved in keeping [relative] busy. They have more fun than I do". Everyone we spoke with told us the activities lead was good at their job. They were described as, "Innovative", "Excellent communicator," and, "A hidden gem," by relatives we spoke with.

The service had a system in place for handling complaints and concerns and we saw that the complaints policy was referred to in information made available to each person when they came to live at the service. This meant people had written information available, to make them aware of their right to complain and were supplied with information as to how any dispute would be managed. We saw the service had received four complaints in the last year. These had been fully investigated and a satisfactory outcome was achieved within the timescales. The manager told us they welcomed comments and complaints as it was an opportunity to review practices and make improvements. We saw that one complaint had fed into other feedback and led to changes in staffing arrangements in the service.

Good

Is the service well-led?

Our findings

People reported to us that their experience was that the home was well led and they knew the registered manager and care manager well. All relatives were positive about the care and provision of service at Northbourne and said that they were always made to feel welcome and the atmosphere was always friendly and upbeat. One relative told us that the staff and manager's ethos was this was not their home; the staff just came into support the people living there. A relative told us, "It's not the same as being at home, but it's the next best thing." All the people and relatives we spoke with told us they thought the service was well led, that staff seemed to be committed to providing a good service and that if they had any issues they would be resolved quickly.

The staff we spoke with all held the same value base about caring for people the way they would like someone to look after their own family or friends. Staff told us the registered manager took the same approach and supported staff to think about the way they supported people, and how would they like someone to care for their own loved ones. We saw that staff felt positive about the service they offered and they told us staff turnover was low as it was such a good place to work.

The registered manager held monthly meetings with the heads of key areas such as care, kitchen, housekeeping etc. These allowed for improved co-ordination between the teams and sharing of good practice. This ensured they were able to deal with any issues and use all the resources and information in the service to effect change. One staff member told us, "It's not a top down approach here; some of the best new ideas come from the last person you expect." Another staff member told us, "I can suggest something, even if it feels small, and I feel listened to".

Monthly checks and audits were carried out by the registered manager, the care manager or other delegated staff. For example, these analysed people who had significant weight loss, the safe use of medicines, care plan reviews, and the accident and incident log. We saw that this evidence was then used in people's care plans to tackle any areas of concern such as weight loss by highlighting this with the relevant health professionals. We saw that where quality had changed, such as where care plan reviews were not fully robust, this had been identified and action had been taken to remedy this.

We met the provider's area manager who told us what checks they undertook when visiting the service, for example staff supervisions and appraisals. We saw that any areas identified at these visits were then followed through by the registered manager and checked at their next visit.

The registered manager told us about the links the home had with the local community. There were links with the local school and the local churches and the providers other local services. The registered manager and service was part of the local 'Vanguard project', supported by the local health commissioners to enhance the health of care home residents. The initiative sees individual GP practices each allocated to a specific care home, providing greater continuity of care and more effective prevention of illness through regular home visits.

The registered manager was clear in their requirements as a registered person, sending in required notifications and reporting issues to the local authority or commissioners. They were open about the issues and changes they had made, for example by improving medicines audits to focus on staff competencies.

We saw that the registered manager and care manager met with staff, people and relatives regularly and used these meetings to gauge their views and inform them of potential changes to the service. The relatives and staff we spoke with about these meetings told us they were useful.

The registered manager told us about the staff and residents surveys or questionnaires they carried out. We saw that areas that had been identified at the last survey in 2015, such as outside space and laundry had already led to improvements in those areas.

People, relatives and staff told us the registered manager was very 'hands on' in the service. They told us the registered manager could turn their hand to any job in the service and could support staff with practical examples, having worked there for a long time. We saw that people and relatives knew the registered manager well and they had positive interactions with people as they moved about the service.

External professionals we spoke with felt the service was well led, that staff were supportive of joint working with them and that if they had any issues they would be responded to positively.