

Parkside Care Limited

# Northlands Care Home (Northumberland)

## Inspection report

Northlands Nursing Home  
21 Kings Avenue  
Morpeth  
Northumberland  
NE61 1HX

Tel: 01670512485

Date of inspection visit:

13 August 2019

14 August 2019

20 August 2019

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13 September 2019

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Northlands Care Home (Northumberland) provides nursing and personal care for up to 35 older people. There were 29 people living at the home at the time of the inspection, some of whom had a dementia related condition. Accommodation was spread over three floors. People with more advanced dementia care needs lived in 'Haven' which was situated on the third floor.

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

At our previous inspection we identified a breach in relation to staffing levels. At this inspection, we found that action had been taken and there were sufficient staff deployed to meet people's needs.

People said they felt safe and happy living at the home. One person told us, "I am at home now, that's how I feel." There were systems and procedures in place to help keep people safe. Medicines were managed safely, however medicines records were not always clear. This was being addressed by the provider.

Checks were carried out to make sure the building and equipment were safe. The environment had been redecorated and refurbished and met people's needs.

People were supported by staff who were trained to meet their needs. Staff were undertaking additional dementia training to increase their knowledge and understanding in this area.

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 had a care plan which guided staff on how to deliver person centred care. People's social needs were met. There was an activities programme in place.

The service was going through a period of change. The registered manager was leaving after managing the home for a number of years. A new manager had been appointed and was in post on the final day of our inspection.

During our inspection, several staff raised concerns about certain aspects of working at the home which affected the morale of staff. We passed these to the provider, registered manager and new manager for their attention. We have made a recommendation about this. The provider monitored the service and was already in the process of addressing some of the issues we found during the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 17 August 2018). We identified a breach in the regulation relating to staffing. The provider completed an action plan after the last inspection to show what they would do and by when, to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

#### 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 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Northlands Care Home (Northumberland)

## **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 two inspectors 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.

#### Service and service type

Northlands Care Home (Northumberland) 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 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 was unannounced.

#### 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 and professionals who work with 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 of this information to plan our inspection.

#### During the inspection

We spoke with the provider, quality assurance manager, registered manager, new manager, deputy manager, nurse, agency nurse, eight care workers including night staff, the administrator, eight people, six relatives and a care manager from the local NHS trust.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and records relating to training. We looked at a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the new manager and provider to validate the evidence found. We also spoke with the community matron for nursing homes from the local NHS trust.

# 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 requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection, there were not always enough staff available to people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 18.

- There were sufficient staff deployed to meet people's needs. Staff told us supper time was a very busy period of time. Following our inspection, the manager told us she had reorganised night staff duties so night staff had more time to support people.
- Safe recruitment procedures were in place. We identified several shortfalls with one staff member's recruitment documentation. This was addressed by the provider.

### Using medicines safely

At our previous inspection we recommended that the provider followed best practice guidelines in relation to medicines management. At this inspection, action had been taken to improve.

- Medicines were managed safely.
- People received their medicines as prescribed. We noted some shortfalls with medicines records and processes, but did not find these had any impact upon people. The provider was addressing these issues.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed and monitored, however some risk assessments required more detail. We shared this feedback with the provider.
- Checks were carried out to make sure the building and equipment were safe. There was one appointed fire warden who carried out regular fire safety checks. We discussed with the new manager and provider about the appointment of further fire wardens so they could carry out these checks when the regular fire warden was on leave. The provider told us this would be addressed.
- Accidents and incidents were recorded and monitored to identify if there were any trends so action could be taken to reduce any reoccurrence.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and procedures in place to help protect people from the risk of abuse.
- Staff told us they did not have any safeguarding concerns and were knowledgeable about what action

they would take if abuse was suspected.

- People told us they felt safe. One person said, "Yes really I am safe. I'm better here than I was at home."

Preventing and controlling infection

- The home was clean. A system was in place to help reduce the risk of cross infection.



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our previous inspection, we recommended that menus were revised in accordance with dietitian advice. At this inspection, the provider had made improvements.

- Meals were nutritious and met people's needs. Meals were available in different textures for people with swallowing difficulties.
- The provider used a specialised frozen food company to supply their main meals.
- People generally spoke positively about the meals. One person said, "The food is really good."

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

- Staff supported people to access healthcare services and receive ongoing healthcare support.

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.

- People were asked for their consent before staff provided any care or treatment.
- Staff had followed the legal requirements of the MCA.

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

- The design and décor of the home met people's needs.
- The home had been redecorated and refurbished. When we arrived, people were enjoying their surroundings, sitting outside on the decking area and listening to music.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their specific needs.
- Staff were undertaking additional dementia care training to increase their knowledge and skills in this area.
- There was a supervision and appraisal system in place. Some staff told us they considered the system could be improved. This was being addressed by the new manager.

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

- People's needs were assessed before they came to the home. The new manager told us that she would be overseeing admissions to ensure people's needs could be met at the home.
- Care plans were devised from assessments. These gave staff information on how to effectively meet people's needs.

# 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 good. At this inspection, this key question has 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and their dignity and independence was promoted.
- People told us that many of the staff were friendly and engaged with them. One person said, "The staff are good friends."
- People told us how staff made them feel special and valued. One person supported a local football team. Staff had compiled and framed a picture of their football team and bought them a duvet cover with a logo of their team.
- Staff and people knew each other well. Staff chatted with people on a one to one basis and responded to any questions with understanding and compassion. One staff member skilfully identified what a person who had a dementia related condition was requesting. The staff member said to the individual, "Would you like me to say a prayer for you?" The person smiled and it was clear that this was the right thing to say.
- Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. One staff member said, "They're so lovely. They're like your family more than residents. At other places staff may say, 'it's a job,' but here it's not, I love doing it."
- Staff were aware of people's needs and preferences. One staff member said, "[Name of person] likes a bowl of crisps, biscuits and coffee at 7pm. I always think what it must be like not to be able to get your own snacks. When I'm at home watching the soaps, how would I react if I couldn't get my chocolate bars, so I make sure they're alright."
- People's spiritual needs were met. A Church of England service was held once a month. Since some people were Roman Catholic, the activities coordinator had organised for Roman Catholic hymns to be included in this service. A Roman Catholic priest also visited the home once a week, to give people Holy Communion.

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

- People were involved in their care. This was reflected in their care plans.

# Is the service responsive?

## Our findings

At the last inspection this key question was rated good. At this inspection this key question has 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

- People received care and support which met their needs.
- People had a care plan which guided staff on how to deliver person-centred care.

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.

- Care plans contained information about people's communication needs. Information was available in different formats if this was required.

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's social needs were met.
- There was an activities programme in place. An activities coordinator worked Monday to Thursday. Musical events, exercise sessions, arts and crafts and pampering sessions were organised. Entertainers visited and there were trips out into the local community. The provider was reviewing activities provision to ensure activities were available throughout the week, including the weekend.
- Staff were aware of the positive effect which animals had on people's wellbeing. Pets were welcome and there had been a number of animal themed events at the home. Miniature ponies and alpacas had recently visited.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- Records of complaints and actions taken were maintained.

End of life care and support

- People were supported at the end of their life to be as comfortable as possible.
- Staff followed a multi-disciplinary approach with health and social care professionals to ensure consistent and responsive care was provided at this important time in people's lives.

# 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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was going through a period of change. The registered manager was leaving after managing the home for a number of years. A new manager had been appointed and was in post on the final day of our inspection.
- During our inspection, several staff raised concerns about certain aspects of working at the home which affected staff morale. We passed these to the provider, registered manager and new manager for their attention.

We recommend that the provider keeps the day-to-day culture at the home under review to check that this open, positive and person-centred and take action if any concerns are highlighted.

- The provider monitored the service, and was already in the process of addressing some of the issues we found during the inspection. A range of audits were regularly carried out and an improvement plan was in place.
- The registered manager had notified CQC of significant events at the home in line with legal requirements.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider understood their responsibilities in relation to the duty of candour.
- Meetings were held for staff, people and relatives to involve them in the running of the home. Several individuals told us that communication could be improved
- Safeguarding incidents and complaints were analysed to identify any lessons learned so action could be taken to reduce the risk of any reoccurrence.

Working in partnership with others

- Staff worked with health and social care professionals to make sure that people received joined up care.