

TOB Care Ltd

Northwood Nursing & Residential Care

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

Northwood Nursing and Residential Care is a residential care home providing accommodation and nursing care to up to 27 people. At the time of our inspection there were 22 people using the service.

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

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.

Risks to individuals and staff were identified and well managed. Staff had received training in safeguarding people from abuse. Safe systems of staff recruitment were in place and there were sufficient staff on duty to meet people's needs. Medicines were managed and administered safely. The system in place for infection control and the management of risks of COVID-19 was suitable and met government guidance in place at the time of the inspection.

People's needs were assessed, and clear person-centred support plans and risk assessments were in place to guide staff. Staff received the induction, training and support they needed to carry out their roles effectively. People were generally positive about the food and told us the food had improved recently. The home was clean and clutter free. Some areas of the home were in need of updating. There was an ongoing programme of planned refurbishment and redecoration in place.

Staff were observed to be busy, but to have a kind, unrushed and patient approach. The home had a friendly relaxed atmosphere. Staff knew people well and had a clear fondness for the people who lived at the home. People were positive about the staff and the support they received. One person said, "It's a nice comfortable place. The staff are very good."

Most people we spoke with were happy with the amount and type of activities. There were 1:1 activities for people who liked to spend time in their rooms or who didn't want to join in group activities. People told us their visitors were made to feel welcome. There was an appropriate system in place to manage complaints. Staff spoke with compassion about providing end of life care.

The service was well organised and managed. Everyone was positive about the provider, registered manager, the recent changes, and how well the home was now run and organised. There was a range of quality monitoring, auditing and oversight. Audits and spot checks were thorough, and records demonstrated any issues identified were addressed. Staff told us they enjoyed working at the home. One said, "It's a brilliant place to work." People who lived at the home told us they could raise any concerns and were listened to.

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

Rating at last inspection

The last rating for this service was good (published 10 July 2021). We also carried out an inspection which focused on infection prevention and control and was unrated (published 9 February 2022).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns we received about food, care records, cleanliness, activities, training and staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northwood Nursing and Residential Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Northwood Nursing & 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience undertook the inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the service on day two.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people, to help us better understand their experiences of the care they received. We spoke with 6 people living in the home and 1 relative. We also spoke with 8 staff including; care home assistant practitioners, health care assistants, kitchen assistant, maintenance operative, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the building with the nominated individual and registered manager. We reviewed a range of records, including care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had received training and were aware of their responsibilities.
- People told us they felt safe. One person said, "They do look after us. They keep an eye on those that need it most." Staff were confident if they raised any concerns they would be dealt with properly.

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

- Risks to individuals and staff were identified and well managed.
- Equipment was maintained, and the required health and safety checks had been completed.
- The registered manager reviewed all incidents to ensure action was taken to identify any lessons that could be learned to prevent future occurrences.
- Records were kept of accidents and incidents. We saw when incidents happened immediate action was taken to mitigate future risk.

Staffing and recruitment

- There were safe systems of recruitment in place. All required checks had been undertaken prior to people commencing employment. Checks were made of nurses' right to practise.
- There were sufficient staff on duty to meet people's needs. During our inspection we observed requests for assistance were answered promptly. Staff told us they were busy but had opportunities to spend time with people. One said, "We've got a resident [person's name]. I have a coffee and a chat with [person] every afternoon when things are a bit quieter."
- The provider had recently recruited a number of new staff. People said, "There are enough staff who know me well and know my needs, but quite a few of them keep changing" and "I know most of the staff, it seems a settled team." A staff member said, "[Staffing levels] are okay, sometimes people call in sick, it can be hard at times, but [nominated individual] tries his best to sort cover."

Using medicines safely

- Medicines were managed and administered safely.
- Where people had medicines 'as required' very detailed person-centred records were in place to guide staff on how they would know the medicine was needed.
- Care records also detailed how specific medicines might affect the person.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with current government guidance. People told us their visitors were made to feel welcome. One person said, "I do have visitors and there aren't any restrictions anymore."

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and clear person-centred support plans and risk assessments were in place to guide staff. People or their representatives had been involved in developing the care records.
- Detailed records of the care provided were made by staff. The electronic care records system alerted staff if any planned care was late in being provided.
- There was evidence of regular review and changes being made immediately following incidents.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively.
- The provider had arranged for all staff to undertake the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us the training was good. They said, "I had to do the [care certificate] before I started. I liked this for my knowledge, not just for the certificate. It's very helpful for the job and the work that you are doing."

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

- People's nutritional needs were met. Clear nutritional guidance was in place. This detailed people's likes, dislikes and allergies. The kitchen had been awarded a 5-star rating from the food standards agency in February 2022.
- People were generally positive about the food and told us the meals had improved recently. People said, "I like the food, its home cooked" and "The food is very good. We get a variety."
- During lunch on the first day of our inspection, we observed staff were attentive to people's needs. They went around regularly asking if everything was okay, and assisted people where necessary. We observed one person experience some discomfort whilst eating, staff quickly helped the person to find a better position to aid their digestion.

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

- People's health conditions were well documented, and people were supported to access a range of health care professionals.
- Staff worked closely with other agencies to ensure people's needs were met.

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

- The home was warm, clean and clutter free.
- Some areas of the home were in need of updating. There was an ongoing programme of planned refurbishment and redecoration in place.
- People were able to personalise their bedrooms. Plans were in place to improve signage throughout the home to help people orientate themselves.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's capacity to make decisions about their care and support was identified and well documented.
- Records indicated that people's consent to care and support was sought. Where appropriate those with legal authority were involved in decisions.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People were treated with respect and were well supported. Throughout the inspection staff interactions with people who lived at the home were friendly and polite. Staff were observed to be busy, but to have a kind, unrushed and patient approach. Staff knew people well and had a clear fondness for the people who lived at the home. One staff member said, "It's not like coming to work, I've known the residents for so long they're like family."
- The home had a friendly relaxed atmosphere. Staff and people who lived at the home seemed to have a strong bond and appeared to get on very well. There was lots of banter and laughter between staff and people who lived at the home.
- People were positive about the staff and the support they received. They told us they liked the staff and staff were caring. They said, "The staff are okay, I get on with them", "I do like it here" and "I think they do care about us."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff spoke respectfully to people. We observed staff asking each person for their consent before care was given.
- Care records indicated how people communicated and how staff could encourage them to be involved in and make decisions.
- People's choices were respected. During lunch staff asked people where they would like to sit and moved chairs accordingly. We also observed that staff knocked on doors before entering people's bedrooms
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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; 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

- Care records were person centred and gave information about what was important to and for the person.
- There were no specific activities staff, care staff provided activities. Most people we spoke with were happy with the amount and type of activities. People told us how special occasions such as birthdays were celebrated with special food and rooms specially decorated.
- There were 1:1 activities for people who liked to spend time in their rooms or who didn't want to join in group activities. One person was really enjoying helping with maintaining the garden. One person said, "[Person] refuses to go into the lounge to join in with anything, but carers do go in every day and have a chat with [person] because [person] loves talking about the old days."
- People told us their visitors were made to feel welcome. One person said, "I'm not bothered about activities. I can have visitors without restrictions now, they have been quite good about it right through Covid really."
- Staff said, "I think more [activities] could be done but there is enough. We have chair-based exercises and play games and listen to music, read newspapers, that sort of thing" and "Sometimes we get busy, but we do have time, around this time (afternoon) it can get quiet, so I go upstairs, sit down and have a little talk to the residents. It can be lonely for those in bed, so I like to go in and have a chat."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the Accessible Information Standard
- Care records included information about people's individual communication styles and needs.

Improving care quality in response to complaints or concerns

- There was an appropriate system to manage complaints. We saw complaints were investigated and detailed responses given to people.
- People told us they knew how to complain. One person said, "I've never had to complain."

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished.
- Records identified advanced decisions about resuscitation.
- Staff spoke with compassion about providing end of life care. One said, "It's important to make sure the resident is pain free, care and support is offered regularly, like going in every half an hour or so to check that they're comfortable. It's important to just keep them company and respect their wishes."

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well organised and managed. Everyone was positive about the provider, registered manager, the recent changes, and how well the home was now run and organised. Staff said, "Since [nominated individual] has taken over, lots of things are getting done. It's great to see" and "Well I like them. I truly do, I don't believe that there's anything wrong." People who lived at the home said, "I think it is well managed. I'm sorry I can't give you any bad news" and "It's a nice comfortable place. The staff are very good."
- The provider and registered manager had good knowledge and oversight of the service. They worked well together and were in daily on-site contact. Staff said, "[Nominated individual] is the same with everybody - brilliant. I find them [nominated individual and registered manager] very helpful, you can get on very easily. They're very friendly very approachable" and "The guy [nominated individual] is really approachable, he's always here."
- There was a range of quality monitoring, auditing and oversight. Audits and spot checks were thorough, and records demonstrated any issues identified were addressed.
- Staff told us staff and managers worked well and there was good teamwork. They said, "The teamwork is brilliant" and "I'd say staff are happy. We all work as a team to get things done." Another staff member said, "It's a brilliant place to work."

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

- There were regular supervision and team meetings for information sharing with staff or for staff to discuss any concerns or service developments. Staff told us they found the meetings helpful and felt they were listened to. One said, "[Supervision] is quite helpful really, you have a chance to get something off your chest if you need to. If I see something, I will often bring it up in my supervision." Others said "Yes, definitely, if there are issues, they sort it out as soon as they can" and "I feel like I can speak openly. [Registered manager] has an open-door policy."
- People who lived at the home told us they could raise any concerns and were listened to. They said, "The manager is very easy to talk to. I can ask her anything and she listens" and "[Registered manager] is nice, and all the other staff are."
- The provider had recently introduced a suggestion box for people to use to put forward ideas for improving the service.

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

- Records confirmed managers of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- We found there was a positive approach to ensuring continuous development and the service had a range of policies and procedures to guide staff on what was expected of them in their roles.