

# Northcourt Lodge Residential Care Home Limited

# Northcourt Lodge Nursing Home

## Inspection report

65 Northcourt Avenue  
Reading  
Berkshire  
RG2 7HF

Tel: 01189875062

Website: [www.northcourtlogenursinghome.co.uk/](http://www.northcourtlogenursinghome.co.uk/)

Date of inspection visit:  
29 May 2019

Date of publication:  
18 June 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Northcourt Lodge Nursing Home is a care home providing personal and nursing care to up to 22 older people, some of whom may be living with dementia. The home is located in a residential street and accommodation is spread over two floors. At the time of this inspection there were 19 people living at the service.

### People's experience of using this service

People were protected from the risks of abuse and felt safe living at the service. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staff recruitment and staffing levels supported people to stay safe while going about their daily lives.

People received effective care and support from staff who knew them well and were well trained. We have made a recommendation related to reviewing the ongoing staff training at the service.

Medicines were handled correctly and safely and people received effective health care and support. People's rights to make their own decisions were protected. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People were treated with care and kindness. They were consulted about their care and support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by a relative who provided feedback. People's diverse needs were identified and met and their right to confidentiality was protected.

People received care and support that was personalised to meet their individual needs. Staff worked well together for the benefit of people and were focused on the needs of people living at the service.

People benefitted from staff who were happy in their work and felt well managed and supported. They benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

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

On 20 June 2018 the service registered under a new provider. Although there were no changes to the staff or management of the service, the change in legal ownership counted as a new registration. That means this was the first inspection of the service since registering with the new provider. Under the old provider, the service was last inspected on 6 September 2017 and was rated as Good.

#### Why we inspected

This was a planned inspection based on the date the service registered under the new provider.

#### 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 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.

# Northcourt Lodge Nursing Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector 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

Northcourt Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 the information the registered manager 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 looked at all the

information we had collected about the service. This included previous inspection reports, information received and information about important events the registered manager and others had sent us. We used this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, one of the directors of the provider company, the clinical lead registered nurse, four care workers, the activity coordinator and a member of the domestic staff team. We also spoke with eight people living at the service and one visiting relative. We looked at four people's care plans, monitoring records and medication sheets. We looked at the recruitment files of staff recruited since the new registration, as well as the staff training matrix and the staff supervision log for all 20 staff. We reviewed other documents relating to the management of the service. For example, management audits, incident records, concerns and compliments received and a selection of policies. We also looked at the recent quality audit survey, from April 2019, containing feedback from seven relatives and friends of the people using the service.

#### After the inspection

We sought feedback from three community health and social care professionals and received a response from one.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service. One person commented, "Oh definitely. I feel safer [here] than at home." A relative said they felt their family member was safe and added, "Very."
- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. They knew what actions to take if they felt people were at risk of harm.
- A community professional thought the service and risks to individuals were managed so that people were protected.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and care provision. Staff assessed risks such as moving and handling, and care plans incorporated measures to reduce or prevent potential risks to individuals.
- During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.
- Emergency plans were in place and staff were aware of their content. For example, there were emergency procedures in case of fire.
- Environmental risks to the safety of people, staff and visitors had been assessed and actions had mostly been taken to minimise those risks. Safety checks of the premises were carried out regularly. For example, hot water temperature checks, fire safety checks and fire equipment checks.
- The service had a fire risk assessment carried out two weeks before our inspection. After the inspection they received their written report. They sent us a copy together with their action plan showing how they were going to address the issues and recommendations in the report, within the suggested timeline.
- We saw there were some radiator covers in bedrooms that were damaged and in need of repair or replacement. They were still effective in protecting people from the risk of burns from the radiator surface but some of the edges were sharp and a potential source of harm. The registered manager assured us the damaged covers would be dealt with without delay.

Staffing and recruitment

- Staff were provided in line with the hours identified in people's individual care packages.
- People said staff were available when they needed them and had enough time to support them without rushing. One person said, "They come very quickly when I press the bell."
- People were protected by the recruitment processes in place and followed. These made

sure, as far as possible, that people were protected from staff being employed who were not suitable. Staff files included most of the required recruitment information. In one recruitment file the employment history had gaps which had not been explained as required but the registered manager obtained the information promptly after the inspection. The registered manager explained that, going forward, they would make sure they checked that all required recruitment information was obtained before new staff were rostered to work with people living at the service.

#### Using medicines safely

- People's medicines were stored and handled safely. Only staff trained in administering medicines and assessed as competent were allowed to do so.
- Medicines administration record (MAR) sheets were up to date and had been completed by the staff administering the medicines.
- We did observe one occasion where staff were 'secondary dispensing' one person's medicines. Secondary dispensing is when medicines are removed from the original dispensed containers and put into pots or compliance aids in advance of the time of administration. This is not considered good practice as this process removes a vital safety-net to check the medicine, strength and dose with the MAR chart and label on the medicine at the same time as checking the identity of the person. This was discussed with the registered manager and clinical lead and it was agreed this practise would be reviewed.

#### Preventing and controlling infection

- The premises were clean and tidy and people were protected from the risk of infection.
- Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service.

#### Learning lessons when things go wrong

- There had been no accidents or incidents since the service registered under the new provider. However, procedures were in place to ensure any incidents or accidents were recorded, together with details of actions taken and the outcome of any investigation. Steps would then be taken to ensure lessons could be learnt when things went wrong.



# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles. People and relatives thought staff had the training and skills they needed when supporting them.
- Staff received formal supervision every three months to discuss their work and how they felt about it. We were told by staff they felt this enhanced their skills. Going forward, once a year staff will have a formal appraisal of their performance over the previous 12 months.
- The service provided training in topics they considered mandatory, such as moving and handling, first aid and fire safety. All training the provider considered to be mandatory was up to date.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people with dementia.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- A community professional felt the service provided effective care, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.
- We noted the training provided to staff at the service was not fully in line with the current best practice guidelines for ongoing social care staff training. For example, topics recommended for social care staff were not included in the provider's mandatory training curriculum such as safeguarding children, communication, basic life support, fluids and nutrition, person centred care and recording and reporting.

We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

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

- People received effective care and support from staff who knew how they liked things done.
- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person had been involved in drawing up their plan.
- The care plans and actions were based on current best practice and showed the registered manager and staff had a good understanding of the person's individual needs.
- The care plans were kept under monthly review and amended when changes occurred or if new information came to light.

Supporting people to live healthier lives, access healthcare services and support;

supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People received effective health care support from their GP and via GP referrals for other professional services, such as community mental health teams.
- A community professional felt the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. They added, "Staff always call and seek help if they have any concerns about a resident."
- People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. Drinks were available at all times and people were free to decide what and when they ate. One person commented, "The food I have had is delicious."
- People were weighed monthly. Staff told us referrals would be made to the GP where there was a concern that someone was losing weight or was putting on too much weight. We saw staff always made sure foods were available to meet people's diverse and cultural needs and preferences.
- The care plans incorporated advice from professionals when received.
- Staff worked well with other agencies to understand and meet people's individual and changing needs.

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

- The registered manager had made a number of changes to the home in line with The King's Fund guidance "Is your care home dementia friendly?" The work was underway and we discussed implementing further changes such as colour contrasting items such as toilet seats and light switches in line with the guidance. The registered manager said this would be done where it would help people maintain their independence for as long as possible.
- On 18 October 2018, the local Healthwatch Reading carried out a dementia audit at the service. In their report on their website they concluded that overall, "Northcourt Lodge is a dementia-friendly environment, which could be even better if colour contrast was introduced in some areas and wall spaces had more features."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA, any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- Staff received training in the MCA and were clear on how it should be reflected in their day-to-day work.
- People's rights to make their own decisions were protected. The records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life.
- People confirmed staff asked permission before any care was carried out. One person added, "They are very good like that." Another person said, "The way they treat you is excellent."

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners their care.

Ensuring people are well treated and supported; equality and diversity

- People said they were treated with care and kindness. One person added, "definitely" and another said, "always". A relative said staff were caring when they supported their family member. A community professional thought the service was successful in developing positive, caring relationships with people.
- We saw a thank you card sent by a relative in April 2019. They said, "Thank you for supporting [Name]. I appreciate the attentiveness and professionalism of the staff when dealing with my queries and concerns."
- People's equality and diversity needs were identified and set out in their care plans.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

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

- People's views on the support they received was regularly sought. People confirmed they were asked their opinion on how things were run at the service.
- The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.

Respecting and promoting people's privacy, dignity and independence

- Rights to privacy and dignity were supported. People told us staff treat them with respect and dignity. One person commented, "Oh yes, definitely, I wouldn't be here if they didn't" and another said, "... they treat me properly and they treat me well".
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible.
- People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. People told us staff encouraged them to be as independent as they could be.
- People's right to confidentiality was protected. All personal records were kept locked away in the office and in a place of their choice in people's homes.

# Is the service responsive?

## Our findings

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

Good: 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 support that was individualised to their personal needs. People and a relative said staff knew how they liked things done.
- A community professional thought the service provided personalised care that was responsive to people's needs.
- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well.
- The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care. The daily notes demonstrated staff provided personal care based on the way individuals liked things done.
- People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored, and their care plan was adjusted to meet those needs if necessary.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and recording this in their care plans.
- The registered manager was aware of the specific requirements of the AIS and was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain contact with people important to them.
- Visitors and relatives were welcomed. In a survey carried out with relatives and visitors in April 2019, six relatives said the attitude and general manner of the staff was "excellent", with one answering "good". All answered "Yes" when asked if they were made welcome when they visited.
- During the morning of our visit most people were sitting in the lounge chatting amongst themselves and with staff. Staff interacted well with people and all interactions were kind and friendly. One person said, "You don't realise you are in a home here, it's like going to see your Auntie. It's not too big, that's why it is like family here."

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to activities that took into account their individual interests and links with different communities. Activities included, crafts, quizzes, music and movement, singing, word games, board games. Most days the activity coordinator spent one to one time with people in their rooms where they were not able to participate in activities in the lounge.
- Where possible the service provided access to local events to enhance social activities for all people to get involved with, taking into account their individual interests and links with different communities.
- The service had a new activity coordinator who had been working at the service for three months. During our visit they showed us pictures and lanterns people living at the service had made and talked with us about their plans to develop the activity provision at the service. One person told us about the garden party held every summer. Another person commented, "We have a lovely activity lady, one of the best. We have activities Monday to Friday." Others mentioned how they enjoyed having their hair and nails done once a week if they wanted.

Improving care quality in response to complaints or concerns

- People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or the registered manager.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- There had been one complaint made to the service since their new registration. We saw this complaint had been well documented, together with actions taken and the outcome. Changes had been made at the service as a result of them looking into the complaint.

End of life care and support

- At the time of this inspection the service was not supporting anyone with end of life care. However, people's preferences were sought as part of the assessment process and when appropriate.
- Staff received training in end of life care and the service was aware of the latest best practice guidance.
- We saw a number of thank you cards sent by relatives to the home. Comments included, "Words cannot express how grateful I am to each and every member of staff for the care and compassion you showed mum and us... We have been so lucky finding you all and know that you genuinely loved mum", "A heartfelt thank you for everything, we could not have done the journey with mum without you all". Another relative sent thanks to all staff saying, "I am deeply grateful for all their love and affection for mum... It has certainly been a reassurance to me to know she was in such safe hands. I am so pleased we chose Northcourt Lodge."

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

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

- Staff told us they enjoyed working with people who use the service. They felt they were provided with training that helped them provide care and support to a high standard.
- People received a service from staff who worked in an open and friendly culture. Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised. Comments from staff included, "I love this job", "the manager will do anything for us", "I am very happy here" and "The manager is always there, any issues we just go and ask, anytime".
- People said the service was well-managed. Comments from people included, "She [the registered manager] is lovely. They are all very kind and nice to you here. In that respect we are lucky. They all help each other."

How the provider understands and acts on the duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.
- A relative commented, "I can't think of anything bad. I love the openness and transparency."

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

- The registered manager was clear about their role. All the registration requirements were met and, although none had occurred, the registered manager knew what incidents required to be notified to the Care Quality Commission.
- Records were up to date, fully completed and kept confidential where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. For example, six-monthly surveys of people and their relatives.
- There were monthly staff meetings and six-monthly residents and relative meetings where views were sought on any proposed changes, as well as suggestions requested for any improvements.

- Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously.
- A relative felt the service was well managed and that the management listened and acted on what they said.

Continuous learning and improving care; working in partnership with others

- There was an effective audit system in place that included audits of different aspects of the running of the service. The audits included care plans, medicines and the health and safety of people and the premises. Where issues were identified, actions were taken to ensure everything met the required standard.
- A community professional felt the service delivered high quality care and worked in partnership with them and other agencies. They felt the service demonstrated good management and leadership and added, "The manager is very proactive and approachable."
- One relative wrote to the service saying how much they appreciated the care staff had given to their family member. They commented, "We thank you all. He couldn't have had more care than what you all gave."