Northfield Care Centre (Thorne) Ltd

Northfield Care Centre

Inspection report

Chace Court
Thorne
Doncaster
South Yorkshire
DN8 4BW

Tel: 01405816042

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

Northfield Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 inspection took place on 25 April 2018 and was unannounced. This was the first inspection of the service since the provider registered with CQC and was undertaken by two adult social care inspectors.

The service provides accommodation, nursing and personal care for up to 80 older people some of whom may be living with dementia and/or have complex nursing needs. People were accommodated over two floors with lift access. At the time of our inspection there were 29 people using the service. The service is situated in Thorne, Doncaster.

The service has a manager who was in the process of registering with CQC. 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.

There were systems and processes to assess and monitor the quality of the service provided. However, we found that audits were not always effective as they had not identified shortfalls in care records and medicines.

Staff were able to recognise signs of abuse should they occur and knew how to report concerns if they suspected a person was at risk of harm. There was a complaints procedure available in the service for people and relatives to raise concerns.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well-being. People had access to healthcare professionals according to their needs.

People were cared for by staff who were observant and ensured people were comfortable. People told us, and we saw, that staff were kind and caring.

Staff knew the needs and preferences of the people they cared for and promoted people's rights to privacy, dignity and independence.

The provider assessed people's capacity to make their own decisions if there was a reason to question their capacity. Staff spoken with had an understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support.

People's diversity was respected and staff responded to people's social and emotional needs. People told

us their needs were met because they were supported and cared for in accordance with their wishes and choices. People and staff were positive about the culture of the service. People felt the staff team were approachable and polite.

People gave positive views about the food they received and pleasant mealtimes. There were activities for people and people were supported to take part in these where they wished.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Improvements were needed to the management of medicines.

Staff were aware of safeguarding procedures and were able to describe what to do if they felt people were unsafe.

Staff observed safe infection control practices.

Staff recruitment practices were safe and ensured people were protected from unsuitable staff.

Is the service effective?

Good

The service was effective.

People's legal rights were protected. Staff were aware of the principals of the Mental Capacity Act (2005).

People's needs were assessed before moving into the home.

Staff had access to a range of training courses to support them in their roles.

People were complimentary about the food they received.

People had access to healthcare professionals where required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People's care was planned with them.

People's rights to independence, privacy and dignity were valued and respected.

Is the service responsive?

Good

The service was responsive.

Care plans provided staff with sufficient information to enable them to meet people's needs.

There was a system in place for managing complaints.

Staff recorded people's wishes about their end of life care.

People were supported to take part in activities where they wished.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality monitoring arrangements were not fully effective. They had not identified or resolved the issues found on inspection.

Notifications of events and incidents that occurred were submitted in accordance with statutory regulations.

People and staff were positive about the running of the home, the manager and the registered provider.

Staff worked alongside other agencies to improve the quality of people's care.

Northfield Care Centre

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 checked whether the provider was 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 was a comprehensive inspection; it took place on 25 April 2018 and the inspection was unannounced. The inspection team consisted of two adult social care inspectors

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

We spent time in the communal areas of the home to observe how staff supported and responded to people. We spent time carrying out a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

During the inspection, we spoke with six people who lived at the home. In addition, we spoke with the manager who was in the process of registering with CQC, deputy manager, two care staff, the activity co-ordinator and catering staff.

We reviewed four staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes and training records. We also looked at the menus and activity plans. We looked at seven people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Requires Improvement

Is the service safe?

Our findings

This is the first inspection of the home since registration. We have rated this domain as requires improvement.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for six people living in the home. Overall, we found that appropriate arrangements for the recording, administration and safe handling of medicines were not in place. We found medication stocks did not always tally with those indicated on the medication administration record (MAR). For example, one person's MAR for soluble paracetamol suggested there should be 18 tablets in stock, however we found 32. Another person's paracetamol stock was 39 less than suggested by the MAR. Not all limited life medicines, such as liquids, drops and creams were dated on opening, to ensure they were not used after they had expired. One person's MAR showed they were in receipt of pain relief medication. The MAR had been signed on the morning of our inspection, documenting the medication had been offered and refused, however there was no medication in stock to be offered. Another person's MAR showed that a cream was to be applied two or three times per day. The MAR recorded that the cream had been applied only once per day with no other recording for omission, such as refusal.

We found a medication fridge had not had a daily temperature recorded on five days in the month of the inspection despite an audit, a month previously, by an external pharmacist identifying this as an area of improvement. It is important to monitor that the temperature is not outside the recommended range of 2-8C. Medicines may spoil and/or not work properly if they are not kept at the correct temperature.

This was a breach of regulation 12 (1)(2)(g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe living at Northfield Care Centre. One person told us "It feels safe here. It's a good place, like being at home." Another said, "I am very happy here, yes I feel safe."

People were protected from the risk of abuse because staff understood how to identify possible abuse, and were clear in how they would report this. Staff told us that they received safeguarding adults training and were also aware of external organisations they could report their concerns to. Staff told us they were confident the provider would act appropriately to any concerns raised and they would not hesitate to 'whistleblow' if they needed to. Raising concerns at work, often known as whistleblowing, is the act of reporting a concern about a risk, wrongdoing or concerns about the care provided by their employer. There was an up to date adult safeguarding policy in place. Records confirmed that the appropriate safeguarding referrals had been made to the local authority when required.

Possible risks to people using the service were assessed and staff took action to mitigate these. People's care records included assessments of risk including falls, fire safety, choking, skin integrity, and nutrition. Where the registered manager identified a possible risk, they gave nurses and care staff clear guidance on

how to mitigate this. For example, care staff had guidance on the support each person needed in the event of a fire and the equipment they needed to use to support people with their mobility. Choking risk assessments showed where people needed a special diet and these had been developed with advice and support from the speech and language therapy service. Guidance was in place about any action staff needed to take to make sure people were protected from harm. However, care plans and risk assessments did not have all the information staff needed to keep people safe. For example, one person had been assessed as being at risk of falls. The care plan contained two documents, each giving a different score for the level of risk. One document advised that a sensor mat had been put in place to minimise the risk of falls yet a risk assessment for trips stated the sensor mat had been removed to minimise the risk of falls. The registered manager told us this would be remedied immediately.

People were protected because the provider had robust recruitment procedures. Staff files showed that pre-employment checks were carried out prior to a member of staff commencing work. The registered manager retained records in relation to each staff member. Records included the interview process for each person, suitable references were obtained prior to an individual commencing work, a full employment history was taken and the person's identification was verified The registered manager also ensured the candidate underwent the appropriate Disclosure and Barring Service (DBS) checks. A DBS check enables the registered manager to assess employee's suitability to work with adults living in a care setting.

People told us there was enough staff to meet their care needs. One person said, "When I press the buzzer for a nurse they come quickly, sometimes there is a slight delay but not very often." Another person told us, "There always seems to be staff around for people." The manager told us staffing was determined by people's needs and we saw the tool used to make the calculation. One member of staff told us, "We are busy but I do think we have enough staff. The staffing on the day of our inspection included; four care staff, one senior and one nurse. There was also ancillary staff such as maintenance, catering and housekeeping.

A system was in place to record incidents and accidents. Staff told us they completed reports on all incidents and accidents and records confirmed that this was happening. Staff told us that learning from incidents and accidents were used to make improvements at the services and people safe. For example, one staff member explained how falls had been identified and recorded; an investigation had led to incidents being discussed with all staff to ensure awareness across the team. Further referrals were then made if necessary, for example to the falls team.

Care staff told us they had access to personal protective equipment (PPE) when they supported people with their personal care. This included gloves and aprons and we saw care staff used these when needed. The registered provider employed domestic staff to clean the service and we saw that all parts of the premises were clean, tidy and odour-free during our inspection.

Good

Is the service effective?

Our findings

This is the first inspection of the home since registration. We have rated this domain as good.

People told us staff were skilled to meet their needs and spoke positively about the care and support provided. One person told us "I'm very well looked after here." Another person said, "I'm looked after very well, staff are very kind."

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed the manager and staff had established what assistance people required before they were admitted. Initial assessments had also considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

Staff told us they were well supported in their role and received appropriate training and professional development. For example, staff told us they had completed training and updates in areas such as fire safety, moving and transferring people safely, first aid, safeguarding and the Mental Capacity Act (2005). Other training courses were available to ensure staff were able to meet the specific care needs of the people who lived in the home. These included skin care, person centred care and end of life care. The manager had a training matrix that allowed them to monitor any training updates that were needed.

Newly employed staff members were required to complete an induction programme and were not permitted to work unsupervised until they had completed this training and had been assessed as being competent to work alone.

Records demonstrated that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression. Staff spoke of good staff moral and how they all worked as a team.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. No one was subject to a DoLS authorisation at the time of our inspection.

We found that the staff understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The care records we reviewed contained assessments of people's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. When people had been assessed as being unable to make complex decisions, discussions had taken place with the person's family, external professionals and senior members of staff to make 'best interests' decisions.

People told us that staff sought verbal consent before providing care or support, such as offering to provide support to help them mobilise or supporting with personal care. One person said, "They [staff] are respectful, they close the door when I'm washing and always ask before helping." We observed staff seeking consent from people using simple questions and giving them time to respond. Staff told us how they offered choices and sought consent before providing care. One staff member said, "I would always ask the person first before assisting."

People were supported to have enough to eat and drink. Drinks and snacks were offered throughout the day. People were complimentary about the food. When we asked people if they enjoyed their food their comments included, "The food is amazing", "The food is very nice and there is always a choice of two or three things and a salad." and "The food is excellent." People were provided with a choice of food and alternatives were offered if they did not want what was on the menu. During mealtimes, people were encouraged to move to dining tables although if they chose not to this was respected. This helped make the mealtime a pleasant and sociable experience. We observed lunch and saw that people had different meals according to their choice. Staff were supportive to people during meal times. People were supported to eat independently and where necessary specialist cups, crockery and cutlery were provided. When assistance was required, this was provided by staff in a relaxed and unhurried way.

People's nutritional needs were assessed to help identify if they were at risk of malnutrition and if a referral was needed for specialist assessment by a GP, dietician or speech and language therapist (SALT). Care records showed referrals were made where people had nutritional or swallowing needs and the advice of the SALT was recorded. Staff were aware of which people needed soft or pureed food. Food and fluid intake was monitored where this was needed and people's weight was monitored so any action could be taken regarding weight loss or gain.

People were supported to access appropriate healthcare services when required. Records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. Additional healthcare support had been requested by staff when required. For example, we saw two people from the falls team visit at the request of staff who were concerned about a person's mobility and risk of falls. All appointments, visits and communication with health professionals and the outcomes were recorded in people's care plans. Staff knew people's health needs well and information was clearly documented within people's care files.

The home was newly built, attractively decorated and had all of the expected adaptations such as specialist bathing equipment. The home had a dementia friendly environment with appropriate lighting and pictorial signage to ensure people could orientate themselves around the home. The manager told us that at meetings, people and their relatives would be encouraged to share their views on any future refurbishment of the home and that any changes would be in line with best practice in dementia care in order to provide a calming and relaxing environment.

Good

Is the service caring?

Our findings

This is the first inspection of the home since registration. We have rated this domain as good.

During our inspection we observed staff treating people in a kind, respectful way. They maintained eye contact with people and used language that people could understand and laughed and joked with them. People told us that the staff that supported them were caring. One person said, "Staff are good, you can have a laugh with them." Another person told us, "I'm well looked after, the staff are very kind."

We found that care staff knew how to support people by respecting their privacy and dignity. A person said, "Staff always knock on my door before coming in." Staff were able to describe how they maintained people's privacy and dignity when providing personal care.

Staff made suitable adjustments to meet the diverse needs of people who used the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in people's care plans and the staff we spoke with knew the needs of each person well.

Staff told us they recognised the importance of maintaining people's independence and encouraged people to do things for themselves where this was possible. People told us they usually had the same staff support them. They said they did not mind different staff supporting them as long as they had prior notice. One person said, "I am able to bathe without help most of the time. Staff always ask if I need help, they never assume, that's good."

Peoples' preferences were recorded in the care plans and staff knew people well. Care staff gave us insight into people's personalities and how they wished to spend their time. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Care records were stored securely in the staff office. Information was kept confidentially and there were policies and procedures to protect people's confidentiality.

People were able to express their views and were involved in making decisions about their care and support and the running of the home as much as possible. Those who lived with dementia were supported by staff to share their views, for those that couldn't family members were involved. Residents' meetings were held as a forum to discuss any concerns, queries or make any suggestions, for example, menus, activities and trips out. We found that displays in the reception area identified other services available for example, translation services and other professionals that people may find useful.

Peoples' right to a family life were respected. Visitors were made welcome at any time and were able to have meals with their loved ones if they wished to. Lounge areas were welcoming and we saw people enjoying spending time in this area with visitors during the day of our visit. One person said, "My relatives can come at any time and they are always made to feel welcome. Staff even give my grandchildren cakes, which is nice."

Good

Is the service responsive?

Our findings

This is the first inspection of the home since registration. We have rated this domain as good.

Most people received care that was personalised to their individual needs. A person-centred plan had been developed for each person in an accessible format which contained information for staff about how to meet people's individual needs in a variety of areas, including communication, eating and drinking, personal care and mobility. There was information about the person's life history, preferences and activities they enjoyed so that staff could support people to meet their wishes. We found most care plans were reviewed regularly, to ensure that information was reflective of people's current needs. However, we found some aspects of people's care plans had not been reviewed with the monthly frequency required, as explained to us by the deputy manager. The registered manager told us that care planning had been recognised as an area to be improved. We saw that people had been involved in the writing of their own plans where possible. They had been able to plan what outcomes they wanted to achieve for the coming year.

People took part in a range of activities. Records showed that daily activities were consistently planned and completed. People spoke highly of the activities co-ordinator, one person told us, "She [activities staff] is very nice, she listens and organises things I enjoy. I wish she was here more often." Another person said, "There seems to be plenty to do but I like to crochet in my room." Although another person commented, "They [activities staff] are only here for an hour and I don't think it's enough." The manager told us they were in the process of evaluating the possibility of more hours for the activities co-ordinator. A hairdresser visited the service regularly and this was appreciated by people. One person said, "I see the hairdresser, she is good. It's nice to have my hair done, I feel better."

People were encouraged and supported to maintain relationships with those people closest to them. People told us that they were able to visit at any time. One person told us, "They [family] can come whenever they like."

The registered provider had a clear complaints policy. People we spoke with told us they would speak with the manager if they had any complaints or concerns. They told us they felt confident the manager would listen and take appropriate action to address their concerns. One person told us they didn't have any complaints but would be happy to discuss anything with staff. Another person told us a previous concern regarding medication had been resolved to their satisfaction.

People were consulted about their wishes for care when they approached the end of their lives. With people's consent, individual plans had been devised with relevant healthcare professionals about how each person should be cared for at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

This is the first inspection of the home since registration. We have rated this domain as requires improvement.

The manager had been in place for approximately four months and was supported by an area manager and registered provider. The manager was in the process of registering with CQC. 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 provider had a quality assurance system in place to audit and monitor the quality of the service. We found, in some aspects, data had been analysed to identify themes and trends and to learn from these and make improvements. For example, falls were investigated, recorded and appropriate referrals made to specialist healthcare teams. However, during this inspection, we found concerns around a number of areas which had not been identified or had not been addressed. We saw audits covering areas such as, medication, the environment, infection control, care plans and pressure care. We found the last weekly medication audit had been undertaken on 15 March 2018. A medication audit by an external pharmacist had been completed on 31 March 2018, an outcome of which was to record the temperature of the fridge and medication room on a daily basis. This recommendation had not been addressed as we found multiple gaps in the recording of these temperatures.

An accurate record of each person, including a record of the care and support provided had not been sufficiently maintained. People's care plans required review as these did not always reflect all of a person's current needs and the care and support to be provided by staff. Risks to people and the actions taken to reduce these risks required further development. Whilst the manager said they had regular support and contact with an area manager no information was available or presented to show that the registered provider was aware of these shortfalls via any means of oversight. The manager acknowledged these findings and was aware of the work required to update care plans.

The lack of robust quality assurance processes and risk management measures meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people using the service confirmed they were encouraged to have a 'voice' and to express their views about the service. One person told us, "I get asked if I have any problems or gripes or if I am happy with things." We saw that action had been taken when issues had been brought forward for example; a carpet had been identified as smelling, it was removed and replaced. However one person said, "I've never heard of a resident's meeting and I've not seen anything on a notice board. That said I know I can make my views known to staff." We did not receive evidence of arrangements in place for seeking the views of people using the service, their families and other stakeholders.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place to ensure staff were protected from discrimination at work as set out in the Equality Act. People who used the service had their diverse and cultural needs identified for example, we saw there were arrangements made for representatives of varying faiths to visit.

People were positive about the manager and how the home was run. One person said, "It's a smashing place." A second person told us, "The manager seems very nice." Staff we spoke with were positive about the manager and the culture at Northfield Care Centre. One staff member told us, "The team is great here and the owners are very approachable."

There was an open culture at the service, staff said they could approach the manager at any time. The manager was visible and took time away from managerial duties to work on the floor for one morning every week to ensure they had a good understanding of people and their individual support needs.

Staff had access to policies and procedure, for example, whistle blowing, safeguarding, infection control, health and safety. We saw evidence that the service worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. The health and social care professionals we spoke with did not express any concerns at the time of our inspection.

The manager was aware of the requirement to inform the Care Quality Commission about events and incidents such as abuse, serious injuries and deaths without delay. Notifications had been received by CQC about important events that had occurred.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's medicines were not safely managed or consistently administered as prescribed. Regulation 12 (1) (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were a range of audits to monitor and assess the quality of the service. However these were not fully effective, as shortfalls were not consistently identified or addressed. Regulation 17, (1) (2) (a), (b) (c) (d)