

Mr Simon Dickinson and Mrs Christine Dickinson

Northlands Village Rest

Home

Inspection report

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Tel: 01995671293

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 05 April 2017 and was unannounced.

At the last inspection on 10 September 2015, we found one breach of regulatory requirements related to recruitment of staff. At that time we judged the service did not have effective recruitment practices to ensure staff were appropriately checked to make sure they were safe to work with vulnerable people. Following our inspection, the provider sent us an action plan which told us how they planned to make improvements. During this inspection we checked to see what improvements had been made and found the provider had reviewed their recruitment practices to ensure they were robust.

Northlands Village Rest Home provides accommodation for up to 16 older people who require 24 hour support with personal care. Respite care is provided subject to availability. The home is a large converted house with a secluded rear garden. There is a passenger lift to bedrooms on the upper floor. The home is situated in a residential area of Great Eccleston, close to local amenities. At the time of our inspection visit there were 16 people who lived at the home.

There was a registered manager in place. 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.

We looked at the recruitment of three recently appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed a structured induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs. We found staff were knowledgeable about the support needs of people in their care.

We found the registered manager had systems to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. People we spoke with all said they

were happy with the standard of cleanliness and hygiene at the home.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. Staff confirmed there were always enough staff on duty to ensure peoples' needs were met.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. The provider had safe systems in place with regard to storage of medicines.

People told us they were happy with the variety and choice of meals provided. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People told us they enjoyed the activities organised by the service. These were arranged both individually and in groups.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs were met. A visiting healthcare professional told us communication between them and staff was good and they were impressed with staff knowledge about people's care needs.

We observed staff supporting people with their care during the inspection visit. We saw they were kind, caring, patient and attentive.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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.

The service had procedures to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment procedures the service had were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Northlands Village Rest Home

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 April 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the service. They included six people who lived at the home, two people's relatives, one visiting healthcare professional, the registered manager and five staff members. Prior to our inspection we spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of three people, staff training records, personnel records of three staff, arrangements for meal provision, records relating to the management of the home and the medication

records of five people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and commented positively about staffing levels and the staff themselves. Comments received included, "I've never known them to be short of staff." And, "They are really helpful. I've never noticed any shortage of staff." A relative told us "Yes, [relative] is safe. I'm happy and secure knowing that she is alright here." Observations made during our inspection visit showed people were comfortable in the company of staff supporting them. A visiting healthcare professionals told us they had no concerns about the safety of people who lived at the home.

At the last inspection on 10 September 2015, we found one breach of regulatory requirements related to recruitment of staff. At that time we judged the service did not have effective recruitment practices to ensure staff were appropriately checked to make sure they were safe to work with vulnerable people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. Following our inspection, the provider sent us an action plan which told us how they planned to make improvements. During this inspection we checked to see what improvements had been made and found the provider had reviewed their recruitment practices to ensure they were robust.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before three new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

The registered manager had procedures to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed.

There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home since our last inspection. Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we would receive information about the service when we should do.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. We observed staff had

time to sit with people and engage in conversation. The atmosphere in the home was calm and relaxed. A visiting healthcare professionals told us there was always plenty of staff on duty when they visited. They told us staff made themselves available to support them when this was required.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager analysed accidents and incidents regularly and identified trends or themes. This helped to ensure risks to the health and safety of people who lived at the home were managed appropriately.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed one staff member administering medicines during the lunch time round. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed people they were being given their medicines and, where required, prompts were given.

We looked around the home and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. Staff spoken with and records seen confirmed they had received infection control training. We saw cleaning schedules were completed and audited by the registered manager to ensure hygiene standards at the home were maintained.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. Legionella checks had been carried out.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of the needs of people who lived at the home. Our observations confirmed the atmosphere was relaxed and homely. We saw people had unrestricted movement around the home and could go to their rooms if that was their choice. We saw a visiting healthcare professional was made welcome and assisted by staff during their visit. They told us they were impressed with the knowledge staff had about people's support needs and communication between them and staff was good.

We spoke with five staff members, looked at individual training records and the home's training matrix. Records seen confirmed training provided by the service covered a range of subjects including safeguarding, Mental Capacity Act (MCA) 2005, moving and handling, dementia awareness and first aid. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff and observation of records confirmed they received regular supervision and an annual appraisal of their work. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals.

The service operated a three week menu. Choices provided on the day of our inspection visit included chicken and ham pie with vegetables followed by fruit crumble and custard. One person was provided with an alternative as they did not like the pie. A variety of alternative meals were available and people with special dietary needs had these met. These included people having their diabetes controlled through their diet, people who required soft foods and people whose diet was fortified to help prevent against unwanted weight loss.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw people were able to eat independently and required no assistance with their meal. Staff did not rush allowing people sufficient time to eat and enjoy their meal. Drinks were provided and offers of additional drinks and meals were made where appropriate. Some people enjoyed a glass of wine with their lunch. The support we saw provided was organised and well managed.

The people we spoke with after lunch told us they enjoyed the food provided by the service. They said they

received varied, nutritious meals and had plenty to eat. Comments received included, "The food is excellent. They are defrosting me some tripe – I love it!" A visiting relative told us, "The food is top class, it's like a top class hotel. [Relative] has put weight on since she came here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely. When we undertook this inspection the registered manager had not made any applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. The registered manager confirmed they were in the process of reviewing people's abilities to leave the home unaccompanied and would submit applications under DoLS as appropriate.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. A visiting healthcare professional told us they had a good relationship with the home and staff were good at following and implementing their instructions. They also confirmed the home had a good relationship with district nurses and staff were good when it came to making timely referrals to external healthcare professionals, such as the falls team. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

People we spoke with told us Staff were kind and caring. We also spoke with a healthcare professional visiting the home who spoke positively about the approach of the staff team. Comments received from people who lived at the home included, "The girls [staff] are superb. There's not a bad one among them." A visiting relative told us, "It's been a blessing for me with the care and attention [relative] gets. They are really helpful."

Staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of support people required.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the two lounge areas. We observed the registered manager and staff members enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance. For example, we saw people being given drinks on request and assisted to the toilet where needed.

During our inspection visit we spent time observing how people and staff interacted. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. We saw people enjoyed the attention they received from staff who constantly asked if people were alright and if they needed anything. People we spoke with during our observations told us they received a good standard of care.

We looked at care records of three people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. Several people we spoke with, as well as visiting relatives, described the service as, "A home from home."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate support outside of the service to act on their behalf if needed. During discussions with

the registered manager they explained they had accessed advocacy services for one person who used the service, saying, "I needed someone to act on their behalf." This showed the registered manager knew when and how to seek independent advocate support.

People we spoke with told us, and visiting relatives confirmed, people could receive visitors without restriction. They explained staff always made them feel welcome. We observed staff welcomed peoples' relatives in a warm and friendly manner. People could choose to receive visitors in their own bedrooms or in the communal areas of the home.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the registered manager and staff members undertaking their duties. We saw they could spend time with people making sure their care needs were met.

During conversation with the registered manager, they explained how the service tried to ensure each person's individual needs were met. They told us, "We work to their time, not on our time." They gave an example regarding one person who often needed reassurance during the night. They explained they ensured a staff member was available to spend time with the person on a one to one basis at times when they needed reassurance. Another example we were given by staff was of a person who was not able to mobilise when they moved into the home. At the time of our inspection, the person's mobility had improved greatly. The service had worked with external healthcare professionals to meet the person's needs to improve their mobility and independence.

We looked at care records of two people to see if their needs had been assessed and consistently met. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate.

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought.

People told us they were happy with the activities arranged to keep them entertained. The home had free wi-fi available for people to use to keep in touch with family and friends which we saw people making use of. The manager told us they tried to accommodate each person's interests and preferences around activities, as far as possible. One person told us "I get the Chorley paper every Wednesday." There were a range of activities planned to take place at the home and people told us about various trips out in the local community and further afield. Comments received included, "We don't do badly, the singers are very good", "In the summer we have a run out on a Wednesday and get ice cream", and, "There's always plenty going on." People told us about birthday parties that had been arranged by staff and a recent anniversary celebration. This showed the service tried to ensure people's individual needs around social stimulation and entertainment were met.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these

would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

People we spoke with told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager or staff who they knew would listen to them. People said they were happy with their care and had no complaints. The relatives and visiting healthcare professional we spoke with all told us they had no concerns about people's care.

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership and about the provider. Staff members spoken with said they were happy with the leadership arrangements and had no problems with the management of the service. They told us they were well supported, had regular team meetings and regular supervision. Comments we received from people included, "[registered manager] is always here. She's very good", and "She [registered manager] is great. She makes sure I'm kept up to date with everything and I can always go to her with anything." Comments from staff included, "[provider] goes above and beyond. You know you're appreciated here", and "She [registered manager] is brilliant. Really approachable, fair and she listens."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. The healthcare professional who visited during our inspection told us the atmosphere was relaxed and calm and they felt the service was of a good standard.

The registered manager had procedures to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided. Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

We found the registered manager had sought views of people about the service provided using variety of methods. These included family surveys. We saw the results of surveys recently returned which had been generally positive about the service. People said staff were kind, polite and respectful. Relatives said staff provided help when their relative needed it and the quality of meals was good.

We found the registered manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.