M D Homes

Northwood Nursing Home

Inspection report

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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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 29 September 2015 and was unannounced. Northwood Nursing Home provides accommodation and personal care for up to 35 older people, some of whom may have dementia or physical disabilities. On the day of the inspection, there were 30 people living in the home.

The service has a registered manager. 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 experiences of people who lived at the care home were positive. They felt protected from the risks of possible harm or abuse. Information about the safeguarding procedures and how to report any allegations of abuse outside the service was available.

There were sufficient numbers of experienced and skilled staff to care for people safely and regular staff meetings were held to discuss issues relating to people's general

Summary of findings

wellbeing and the day to day running of the home. We found that the recruitment system was effective and that staff had all the required checks carried out before and offer of employment was made. Medicines were managed safely and people received their medicines as prescribed.

People were treated with respect. Their privacy, dignity and independence was promoted. Their human rights were protected, and risks to individuals' had been assessed and managed appropriately.

Staff had received training in Mental Capacity Act (2005. All staff we spoke with were aware of how to support people who lack mental capacity.

People and their relatives had been involved in the decisions about their [relative's] care and support. Their care needs were assessed, reviewed and delivered in a person centred way. People's nutritional and health care needs were met.

There are insufficient resources allocated for people to pursue their social interests and hobbies and to participate in activities provided at the care home.

There was a complaints procedure and complaints had been dealt with in accordance with the procedure.

There was an 'open' door culture where people said that the registered manager was visible and they were able to raise any concerns they had with them. The views of people were sought in various ways included, regular 'residents' meetings and yearly questionnaire surveys. Meetings with staff were held to discuss issues relating to people's general wellbeing and the running of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People were not always protected from harm.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

Medicines were managed safely and people received their medicines as prescribed.

Requires improvement

Is the service effective?
The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training for the work they did. They had received training in Mental Capacity Act (2005) and they were aware of the recent case law in relation to the Deprivation of Liberty Safeguards. They were aware of how to support people who lack mental capacity.

People's dietary needs were met.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected. Their independence and human rights were promoted.

People and their relatives were involved in the decisions about their [relatives'] care.

People's choices and preferences were respected.

Good

Is the service responsive?
The service was responsive.

People's care had been planned following an assessment of their needs. The care plans had been reviewed and kept up to date.

People were unable to pursue their social interests in the local community and activities provided within the home due to insufficient hours being provided.

There was an effective complaints system.

Requires improvement

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was a caring and 'open' culture at the home and the views of people were sought, listened to and acted on.

There was a registered manager who was visible, approachable and accessible to people.

Northwood Nursing 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 was planned to check 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 29 September 2015 and was unannounced.

The inspection team was made up of one inspector and one expert by experience (Ex by Ex). An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Before the inspection took place we reviewed the information we held about the service. We looked at the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spent time talking to people, staff, visitors and the registered manager. We observed how the staff interacted with people. We looked at how people were supported during the lunchtime and whether staff responded to call bells in a timely manner. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 people who lived at the service, three relatives, eight members of care staff including the day activity coordinator and the registered manager. We observed how people were supported by staff in meeting their needs. We looked at the care records of four people, 17 medicines administration records (MAR) four staff files which included their recruitment documents and training records. We also looked at other records such as health and safety, fire safety and infection control and quality audits.

Requires improvement

Is the service safe?

Our findings

One person told us that "I feel very safe here; there are always people around, in the office or on the floor to help me." Another person said that "At night I don't sleep much so it's nice to have someone to talk to and who I trust and feel safe with."

The service followed the local authority safeguarding procedures. Information on how to report any allegations of abuse had been displayed within the main reception area of the home. The safeguarding poster included the contact details of the local authority safeguarding team and the Care Quality Commission. The staff we spoke with confirmed that they had all attended safeguarding training within the last 12 months. They stated that they were aware of their responsibilities to report any allegations of abuse to their managers or outside the home. The manager explained to us that in an event of an allegation of abuse, they would remove the person from danger and seek appropriate advice from the safeguarding team and notify the Care Quality Commission.

The manager confirmed that they have reported allegations of abuse previously and were familiar with the procedures. We evidenced that relevant notifications had been forwarded to the Care Quality Commission as required by legislations. People we spoke with said that they felt safe because there were always people around and that they would use the call bells if and when required.

We noted from the care plans we had looked at that risk assessments that related to manual handling, falls, nutrition, skin integrity, weight and behaviour management had been carried out. For example, the risk assessment for one person relating to their manual handling had identified that they should be supported by two members of staff when using the hoist and that the correct size of sling should be used. We checked the sling for this person and found it be in order. Another person whose risk assessment stated that they were at risk of falls because they were unsteady on their feet. It stated that staff should ensure that the person's walking aid was always kept besides them. We saw that the walking aid was placed correctly and that the risk assessments had been recently reviewed. This meant that the home had ensured that risks to this person were minimised through the process of regular assessment.

The staff we spoke with said that they were aware of people's risks and that they knew what to do to support people appropriately. For example, one member of staff told us that one person if agitated could refuse personal care and that they talked with them to divert their attention which helped in the management of their behaviour and gained their co-operation. However we saw that for people who had difficulty in accessing their call bells, a risk assessment had not been carried out, which mean that people could be placed at unnecessary risk of harm. This information was passed onto the manager at the end of the inspection for their attention. They informed us that an audit of all the calls bells would be completed by the end of the day.

We looked at the most up to date fire risk assessment and saw that it did not include an evacuation plan for the people who were looked after in bed, on both the middle and top floor. This meant that people could be placed at risk of harm. This information was passed onto the manager at the end of the inspection for their immediate attention.

We looked at the accidents and incidents records which showed that each incident had been recorded with the action taken and other steps identified, to prevent similar occurrence. For example, when a person had managed to slip out of bed, the use of bed rails had been discussed and provided. The manager said that information about incidents and accidents were shared with staff on the next shift and also discussed in staff meetings which ensured that all staff were aware of the actions required to prevent recurrence.

People we spoke with said that there were sufficient numbers of staff on duty to care and support them appropriately. One person said, "I don't have to wait very long for someone to come and help me." The staff we spoke considered that there were always adequate numbers of staff on each shift to support and care for people and meets their needs. The manager told us that when they were short of staff, senior staff would use regular bank or agency staff to cover for sickness and absences. We looked at the duty rota which showed that numbers of staff had been consistently rostered on each shift which included night duty. We noted that a known dependency tool had been used to determine the number of staff

Requires improvement

Is the service safe?

required to meet the needs of people. The manager said that they carried out the dependency assessment for each person on a regular basis which ensured that sufficient numbers of staff were rostered on duty.

The service had a recruitment policy and disciplinary procedures which the manager said that they had followed to recruit and terminate staff contract respectively. We looked at four staff files which provided evidence that all the required checks had been carried out prior to an offer of employment was made. We noted that from each file that an application had been made, interview notes had been kept, written references obtained and Disclosure and Barring Service checks had been carried out to ensure that staff of good character were employed to work at the home.

We saw that the medication for people was kept locked inside a medication trolley, which was kept in a locked medication store room.

We looked at the medication records for 17 people and saw that there was appropriate guidance for staff to administer medication and that staff had signed the Medication Administration Record charts (MAR) appropriately. People we spoke with said that they received their medicines regularly and on time. We saw that 'when as required' medication had been given; the reason for the administration had been recorded on the back of the MAR chart. We noted that a record of the quantity of medicines received had been checked regularly against the MAR charts to ensure the correct balance had been kept. We noted from the records where controlled drugs had been administered, these had been signed by two members of staff and a total of all medicines remaining had been recorded appropriately. There was a safe system for the disposal of medicines that were no longer required and records of all medicines that had been disposed of had been kept so as to maintain an audit trail.

Good

Is the service effective?

Our findings

People we spoke with told us that staff cared and supported them in a professional manner. They felt that staff were skilled, experienced and knowledgeable in their roles, as carers. One person said, "Everyone who looks after me, does so in a caring a professional manner." Another person told us that. "I have been in other care homes and the staff here are much more competent and caring." Two staff we spoke with confirmed that they had completed and induction programme when they had first started work at the care home. They also told us that during the first few weeks of their employment, they had shadowed other experienced staff until they were assessed as competent to carry out their role, unsupervised.

Staff was knowledgeable about topics covered during the training they received. All eight staff we spoke with confirmed they had regular training provided. One staff member said, "We have a range of training here and I have been offered a chance to start my Care Certificate training too." Staff confirmed that they had one to one supervisions to discuss their role and development needs. We saw evidence that staff meetings were held which ensured that staff had the opportunity to discuss and be involved with the service and its development.

Staff told us they had manual handling training, infection control, first aid, fire, safeguarding, MCA and DoLS (Deprivation of Liberty Safeguards). One person [Staff] told us that "I have had a lot of training here and I feel confident to do my job and I know about the whistleblowing procedures as well."

We saw that staff obtained consent from people before they delivered care. They were knowledgeable and demonstrated a good understanding of MCA and DoLS. One staff member told us, "People still have the right to have choices and make decisions even if they lack capacity. They will still be able to make simple choices about when they want to get up or go to bed, what they want to eat, and what clothes they would like to wear."

We saw that mental capacity assessments were done for people who had a formal diagnosis of Dementia and where they lacked capacity the best interest procedure was followed which ensured that the care people received was in their best interest. We saw evidence of six DoLS applications that had been submitted to the Local Authority for people who were at risk of being deprived of their liberty because they were unable to leave the building freely or that they required bed rails.

We saw that people had been provided with the appropriate and effective pressure relieving equipment which ensured that they were protected from the risks of developing pressure sores. There were no pressure sores reported at this inspection.

We asked a staff member about menu choices and how they supported people with dementia who may have forgotten what they had ordered. We were told "People do forget what they have ordered, but what we do is present the two options and then people choose the one they like the most and often it's the same choice that they had previously made." We know people well and therefore we make sure people have a wide range of choices and food that we know that they will enjoy."

One person told us that "I would like more fish options and I don't really like meat dishes but often we only get fish once a week." Another person told us, "The food is quite tasty." However one person said "The food is often not suitable for me as I am diabetic." We saw that although this person's blood sugar level had been recorded at 24 that morning, they were still given a 'sugary' desert. This information was passed onto the manager immediately for their attention in order to safeguard the person from harm. The manager told us that this person's diabetes was controlled with insulin twice daily. However we were told that this person often bought their own snacks into the home without the staff's knowledge and as a consequence their blood sugar levels could be erratic. The manager informed us that a risk assessment would be completed to ensure this person' health and welfare was protected and maintained with regard to monitoring this person's diabetes.

We saw that people were offered a range of refreshments and snacks throughout the day of the inspection visit.

We evidenced from the care records that people's weight had been monitored regularly which ensured that people's health and wellbeing was monitored and maintained. We looked at the Malnutrition Universal Screening Test (MUST) assessments for three people. 'MUST' is a screening tool to identify people, who are malnourished, at risk of malnutrition or obese. It also includes management

Good

Is the service effective?

guidelines which can be used to develop a care plan so that the person would be support appropriately. We found that the assessments had been reviewed regularly. We found that one person were on weekly weight checks due to their weight loss. One person was recommended a puree diet and we cross referenced this with the kitchen staff and found that guidance for catering staff had been displayed in the kitchen including a list of people who were at risk of choking. We noted from the care records that Speech and Language Therapist (SALT) had been involved in the assessment of people who were at risk of choking and had provided guidance on how to support and protect this person, appropriately.

We saw documented evidence of visits by external professionals which included dentist, podiatrist, tissue viability nurses (TVN) physiotherapist, and GP's.

Good

Is the service caring?

Our findings

We saw several examples of kindness, respect and positive interactions between staff and the people they cared for. This included a carer who we saw assisting a person with their make-up and another person who required help with painting their nails. One person told us that "Staff have been very kind to me, even during the most difficult days." Another person said that "I have been here for years and it's nice to see the same familiar faces."

We saw that each person's care plan had documented their choices and preferences. For example if they liked their bedroom door left open or shut. How they liked to spend their day, what time they liked to get up and go to bed. We saw that staff treated people with respect and addressed people by their preferred name or title.

Another person [Relative] told us "They are very caring here and all the staff here treat my relative with dignity and are always respectful." One person [Relative} told us that "I have never seen anyone treated badly here and I visit regularly, I would report anything I thought was wrong but no, staff are good here."

We saw from the care records that people and their relatives had been involved in the decision making process about their [Relative's] care and support and that their key workers had shown them the care plan that had been developed and updated. Three people we spoke with told us that they had been asked whether they agreed with the care plan or not and whether they would like to change any aspects of it. This confirmed that people had been consulted and had agreed to their plan of care.

We saw that staff knocked on bedroom doors before they entered and acknowledge the person by name, "Hello [name of the person], how are you, would you like anything to drink?" We saw that people's dignity in delivering personal care was promoted throughout the home during our visit.

We found that confidentiality was well maintained and that information held about people's health, support needs and medical histories was kept secure. Information about how to access local advocacy services was available for people who wished to obtain independent advice or guidance.

We saw that end of life plans were discussed with people and also if they wanted to be resuscitated. For example we saw that a person wanted to be resuscitated and staff recorded their decision, "[Person's name] has expressed that they would like to be saved if possible." DNACPR`s checked were correctly completed with involvement of the person and/or family.

Requires improvement

Is the service responsive?

Our findings

People we spoke with told us that they felt staff were responsive to their needs. One person told us that, "Most of the staff that look after us have been here a long time so know us very well and all our funny little ways." "We all have our little grumbles but actually they are a good bunch and respond to us as soon as they possibly can, I don't mind waiting a few extra minutes for help."

Before coming to live at Northwood Nursing Home each person had received a full assessment of their needs and abilities carried out by a senior staff member or the manager. The findings of this assessment were used to formulate a care plan. Care plans were subject to on going review and reflected any changes in people's needs promptly. Where people were able to sign for themselves, the care plans reflected this and for people who had been assessed as unable to consent to their plan of care we saw that their relative or representative had signed on their behalf which confirmed they had been consulted and involved in the person's plan of care. However we found that some care plans were not always written in a person centred way but in a more 'clinical format', which did not always capture the individual needs and aspirations of the person. For example some aspects of two care plans we looked at with regard to risk assessments only required a 'tick' style assessment which only provided a limited amount of information. The main care plans should be devised and focussed on the person's needs, abilities and risk in order to provide a clear guidance for staff on how to support them effectively in meeting all the person's needs and keep them safe from harm.

We saw from the four care plans we looked at that people's needs were reviewed on a monthly basis by senior care staff and a six monthly review was carried out which involved discussions with family members who were involved in the care of their relative. We spoke with three relatives who all confirmed that they had been consulted and involved in their relative's plan of care.

We were told that the home currently had one activity worker which was shared between the respective homes, within the organisation. This meant that the home only had 8 hours per week allocated to provide activities for up to 30 people. We were told by the manager that there was currently no additional hours allocated for the planning of activities or to organise trips to social or community events. We saw that this had a negative impact on people. This meant that the hours provided were inadequate in meeting people's individual interests and hobbies. On the day of our visit we saw it was very difficult for the activity worker to facilitate group or one to one activities in the hours provided. For example we saw that the activity worker had to rush between trying to facilitate a group activity to assist people who required support with an individual activity. This also meant that there was no time for the activity worker to offer activities to people who we being looked after in bed. When we discussed this concern with the manager we were informed that there was an additional 6 hours per day allocated for two care staff to provide activities to people, during the weekdays. However on the day of our visit we saw no evidence of this additional support being provided to people.

People's choices, their preferences and likes and dislikes had been reflected in their care plans. Staff told us that they had read the care plans and they ensured that people's preferences were respected. For example, people chose what to wear on a daily basis and people who did not have capacity, they showed them different colour of clothing and talked to them about it. One person said, "I have a choice if I want a shower or a bath and I always like a lady to bath me, not a man."

The service had a complaints procedure, a copy of which was displayed on the notice board. We asked people if they knew how to complain and 10 people told us all that they had been informed about the process when they moved in. "One person told me "There is nothing to complain about, I am here because I cannot manage at home, and if I wasn't happy I would tell the manager." The manager said any concerns raised by people were recorded in their care plans and addressed accordingly. We saw that there had been no formal complaints received in the last 12 months.

Good

Is the service well-led?

Our findings

People, their relatives and staff were all positive about how the home was run. They were complimentary about the manager who they described as being approachable and supportive. “There have been some problems in the past but things are now getting back on track.” Another person told us that “The manger is kind and appears to know how a care home should run.” We spoke with three relatives who all told us that they felt the home had a warm and welcoming atmosphere and that the manager always made a point of speaking to them when they visited.” We also spoke with a visiting health professional who told us “I find the home to be well organised with very caring staff.”

We were told that people’s views and opinions were formally sought through a formal survey which was given to people who lived at Northwood Nursing Home and their relatives to complete. The responses to this survey was then collected and analysed and where improvements or suggestions were required to be made. However the manager explained that this was a process that had not yet been implemented but it was hoped that all the relevant stakeholders would be consulted and the results complied into an action plan by the end of the year. We spoke with several people who all told us that the manager made a point of speaking to each person, on a daily basis, which ensured any issues or concerns were addressed at the earliest possible stage.

Staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively and as part of their personal and professional development. This included specific awareness about the complex needs of the people they supported. Good work was identified and recognised as part of the supervision and appraisal process.

The culture of the service was based on a set of values which related to promoting people’s independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity. Staff we spoke with were clear about how they provided support which met people’s needs and maintained their independence and we observed this during our visit. However the current format for producing both the admission assessments and care planning documents could be further developed to ensure that they are more person centred and less ‘clinical’ in their style.

There was a genuine commitment from the manager which ensured that the people who lived at Northwood Nursing Home were supported to enjoy each aspect of the service provided.

There was a clear management structure in place, with the manager in day to day charge and their line manager visiting the service on a regular basis, which provided them with both support and guidance. We saw that communication was good between these two people and the manager told us they felt well supported. The manager understood their responsibilities and had a good understanding of the statutory notifications that were required to be submitted to the Care Quality Commission for any incidents or changes that affected the service.

There were systems in place to monitor the quality of the service. A training matrix gave an overview of the training provision at the service. Other records for the people who used the service and staff were detailed and clear, which meant that important information could be located easily and quickly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.