

AMAFHH Care Homes Limited

Northfield House Residential 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

The inspection took place on 16 November 2015 and was unannounced. At our last inspection on 5 June 2014 the service was meeting the regulations.

Northfield House is a care home for older people and is registered to accommodate up to 19 people requiring care because of old age, physical disability or dementia. At the time of our visit there were 19 people using the service.

There is a registered manager at the service. 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.

Summary of findings

People felt safe at the service and staff had a good understanding of the various types of abuse and knew how to report any concerns. Incidents and accidents were analysed to identify any patterns and trends. This allowed the service to take actions where necessary.

People were treated with dignity and respect. Staff knew people's likes, dislikes and preferences. There were sufficient staff to meet people's needs.

People told us that they received their medicines as they required. Where medicines were prescribed as PRN [as required] there were no protocols in place to ensure that people received them as and when they needed them.

People's capacity to make decisions relating to their care had been considered within their care records. Where there was a reasonable doubt that a person had capacity to give consent the service worked within the principles of the Mental Capacity Act 2005.

There were activities carried out most afternoons. The majority of activities took place in the lounge area so people who spent the majority of time on their rooms were not involved. The service had responded to people's requests and arranged an outing at people's request.

People's needs were assessed and care plans put in place to ensure that their needs were met. Where there were risks associated with people's care control measures had been identified to reduce the risks. However it was not always evident that these were being carried out.

Quality assurance audits were carried out and regular meetings held with staff and people that used the service. People knew who the registered manager and provider were and felt able to talk to them about any concerns.

The registered manager was aware of the responsibilities of their role. We had received notifications from the service as required.

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 consistently safe.

People felt safe. People and staff knew how to raise concerns. There were sufficient staff to meet people's needs. Where risks had been identified control measures had been put in place but it was not always evident that these were being carried out. Where medicines were prescribed as PRN [as required] there were no individual protocols in place to keep people safe.

Requires improvement



Is the service effective?

The service was effective.

Staff received training and supervision to help them to carry out their roles. People's capacity to make decisions relating to their care had been considered within their care records. People enjoyed the food and were provided with a balanced diet.

Good



Is the service caring?

The service was caring.

Staff showed concern for people's well being. Staff respected people's privacy and dignity and promoted their independence. There were no restrictions on visiting times.

Good



Is the service responsive?

The service was responsive.

People told us they had been involved in an assessment of their needs. People's care plans described objectives relating to their care. There were activities carried out most afternoons. The majority of activities took place in the lounge area so people who spent the majority of time on their rooms were not involved.

Requires improvement



Is the service well-led?

The service was well led.

People knew who the registered manager and provider were and they felt able to approach them with any ideas, suggestions or concerns. There were procedures in place to monitor the quality of the service. Staff had a consistent understanding of the service's vision and aims.

Good



Northfield House Residential 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 16 November 2015 and was unannounced.

The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise was for older people with dementia.

We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service. We spoke with a GP who visited the service on the day of our inspection.

We spoke with eight people that used the service and two people that were visiting relatives at the service. We spoke with the registered manager of the service, the deputy manager and two care workers.

We looked at records relating to medication and carried out a stock check of medicines that were used by people at the service. We looked at care records of the three people that used the service and other documentation about how the service was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us that they felt safe at the service. One person told us, “I feel very safe here, they treat me with respect and treat me like one of the family.” Another person told us, “I have a bath once per week, the staff support me with this and I feel safe when they are supporting me.” Relatives told us they felt that the service was safe. One relative told us, “It’s a safe environment.”

A staff member told us, “If I had a concern regarding abuse relating to a resident I would report it to manager or necessary departments.” Another staff member told us, “I would feel comfortable reporting any concerns, if they were not acted upon by management I would report to higher authorities.” Staff had a good understanding of the various types of abuse and knew how to report any concerns. There was a detailed safeguarding policy in place that provided staff with detailed guidance of actions they should take if they suspected any abuse. There was also a flow chart in place for staff to follow and it provided them with contact details of relevant agencies that they may need to contact.

We found that incident and accidents forms were completed and analysed to identify any patterns and trends. This allowed the service to take actions where necessary. For example, where a person had a number of falls in a short period of time the service had contacted the GP and taken a urine sample. This identified that the person had a urine infection and they were prescribed antibiotics from the GP. However, we found one allegation of physical abuse on a body map chart that had not been investigated or fully documented by staff. We discussed this with the provider who explained the reason for this not being further investigated in anyway. The provider told us that they would ensure that safeguarding incidents were more thoroughly recorded in the future.

There were emergency evacuation plans in place that provided information about people’s requirements and needs should the service need to be evacuated. There was a business continuity plan in place that provided information about how that service would be managed in the event of an untoward event or emergency. A full range of fire safety checks had been undertaken regularly. There were checks carried out equipment to ensure that it was safe to use.

Where risks relating to people’s care had been identified there were assessments in place to reduce the associated risks. However, we found that for one person who displayed behaviours that challenged staff control measures that had been put in place to reduce the risks of them becoming agitated were not always being carried out. However there was a general policy in place that provided staff with guidance of how to deal with behaviours that challenged others.

Some people felt that there were enough staff to meet their needs and others felt that there were ‘not enough staff to go around’. People told us that staff responded to their call alarms if they used them. One person told us, “I have a buzzer. I don’t press it often but when I do they come within a decent time.” We received mixed feedback from people about the staffing levels. We spoke with registered manager about the staffing levels. They told us how they had set shifts based on the ability to meet people’s ongoing needs and then had an additional staff member to help out at busy periods. This included an arrangement for a night staff member to stay on shift until 9.30am to assist people to get up and an extra staff member to support over tea time.

Staff told us that they felt that the staffing levels were sufficient to meet people’s needs. Relatives told us that there were always staff members around. The GP told us that there were always adequate staff when they had visited. Throughout the day of our inspection we observed there to be sufficient staff to meet people’s needs. We looked at a copy of the rota and the staffing levels on that day were consistent with the rest of the week. The registered manager told us that they always ensured there was a senior member of staff on duty and that shifts were always covered. We saw that the pre-employment checks were carried out before people started work. The service also had a probationary period to ensure that staff were suitable for the roles.

People told us they received their medicines as they required. One person told us, “When I am given medication, the staff discretely make sure that I take it.” We saw that there was a medication policy in place for staff to follow to ensure that people received their medicines safely. We observed people being given medicines as prescribed. However, we observed there was limited communication

Is the service safe?

with people during this time. People's meals were interrupted with medicines and people were not told what their medicines were for nor were they offered the opportunity to take them elsewhere.

Medicines were stored appropriately. We found that some people had medicines prescribed on a PRN [as required] basis. Staff that we spoke with knew how many tablets people usually took and when they needed them but there was no documented guidance, such as an individual PRN protocol in place. The service did have a generic policy on

PRN medications but it did not contain information about specific medicines that people had been prescribed. Therefore there was no specific information about how, why and when people should receive their PRN medicines or the maximum dose they could take. This meant that there was a risk that people may not have had their PRN medicines as required. The provider advised us following our inspection that PRN protocols had been completed for all of the people that were on PRN medicines on the day of our inspection.

Is the service effective?

Our findings

Staff received effective training to help them to carry out their roles. One staff member told us, “I think that the training which I have done helps me to care for the residents better.” They went on to tell us about the variety of training they had received. Another staff member told us, “I have had training in Dementia, moving and handling, meds, End of life Care and also have Level 2 Diploma in Health and Social Care.” Staff also told us that they attended staff meetings and received supervisions and an annual appraisal. We saw records that confirmed this. However, notes for supervisions were quite limited and staff had not always been set targets and goals to work towards over the coming year.

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). We checked whether the service was working within the principles of the MCA. We found that people’s capacity to make decisions relating to their care had been considered within their care records. Where there was reasonable doubt that a person had capacity to consent to a decision a mental capacity assessment had been carried out. Where appropriate a best interest decision had been made and a referral sent to the local authority if the decision deprived people of their liberty in any way. At the time of our inspection the service were awaiting responses from the local authority for 11 applications that they had made. These had been made as people were under constant supervision and unable to leave independently.

Staff told us that they asked people before they assisted them with personal care to ensure that they had their

consent. They told us that if they had any concerns around people’s ability to make specific decisions they would report it to the registered manager or a senior member of staff. The registered manager and senior staff did have a good understanding of the MCA and knew the actions they had to take to ensure that they were working within the principles of it.

People told us that the food was good. One person told us, “The food is very good, there is a choice and they would give you something else if you didn’t want it. Sometimes they give you too much. We also always have plenty to drink.” Another person told us, “I find the food is fine, although we don’t have a choice of main meal.” We saw that two main dishes had been prepared on the day of our inspection. People were asked during the morning which of the options they would like to eat. People were not provided with a choice of main meal during the mealtime but people told us they could have alternative meals if they didn’t like what was being provided. One person told us, “I am a vegetarian and there is enough choice for me.”

We saw that dinner time was a sociable occasion where people laughed and chatted with one another. We saw that where people required assistance of specialist equipment such as adapted forks and spoons or assistance from staff then these were provided. We saw that people were offered drinks and snacks throughout the day. We looked at the weekly menus and saw that it provided people with a balanced diet. However, we found that where people were required pureed diets the whole main course was pureed together. We discussed this with the provider who told us this is what they had been advised to do. We were concerned as this meant that all of the person’s dinner would taste the same and people would not have the opportunity to recognise individual flavours.

People told us they were supported to access healthcare services if they needed to. One person told us, “The chiropodist comes in every so often and the doctor comes if we need.” Another person told us, “My daughter comes and takes me to my appointment at the optician’s.” A GP told us they felt that the service made appropriate referrals to them. We saw from people’s care records that they supported to access the optician, chiropodist, GP, and district nurses as required.

Is the service caring?

Our findings

People told us that the staff were caring. One person told us, "Its lovely here, they [the staff] are nice people they look after you well. Anything you want they see if they can get if for you." Another person told us, "The staff are caring and friendly." A third person went on to tell us, "The care here meet my needs, the people could not be better they are wonderful." Relatives told us that the staff were all friendly and looked after people well.

One person told us, "They know that I don't eat meat so they don't offer it to me. They all remember." Another person told us, "I don't go out [of my room], they don't encourage me because they know I'm a loner." Staff knew the people they cared for. However, this sometimes led to staff assuming what people wanted and people not being given appropriate explanations or offered choices. For example, one person was provided with their inhalers without any communication from staff. Another person was given an injection in a communal area without any option of moving somewhere more private. People that we spoke with confirmed that they were satisfied with the care they received and that they didn't want staff asking them about everything.

Staff knew details about people's life histories and knew people's relatives. They were able to tell us about people's likes, dislikes and preferences. We saw that when a person asked a staff member for help, the staff supported the person as soon as they had finished the task that they were completing. We observed staff laughing and joking with people.

Staff showed concern for people's well being. We saw that during dinner time the sun was shining through the window directly into a person's eyes. This appeared to make the person anxious. The staff member immediately responded by drawing the blinds to ensure that the person was more comfortable. We saw another staff member checking on a person who had limited mobility and spent a lot of time in their bed. Their covers had come off when the staff member entered the room. The staff member immediately approached the person and checked if they warm enough and placed the covers back over them.

People told us staff treated them with dignity and respect. One person told us, "They treat me with respect." Staff told us how they respected people's privacy and dignity while they were providing care. For example, by ensuring that they always knocked on doors and closed curtains if lights were on. People told us that they were able to be as independent as they wanted to be. One person told us, "I look after myself." Another person told us, "I don't have any concerns, I don't make demands on them and they none on me." Staff told us how they promoted people's independence by allowing them to do as much for themselves as possible. We saw an example of this over dinner time where a person was gently encouraged by staff to eat independently which they managed well.

People told us that friends and family could visit at any time. One person told us, "There are no restrictions for visiting for friends and family, they can come at anytime." Relatives that we spoke with confirmed this was the case. We looked at the signing in book which showed that people visited at various times. There were no undue restrictions on visiting hours.

Is the service responsive?

Our findings

People told us they had contributed to an assessment of their needs and that the service provided care to meet them. One person told us, “I remember being involved in my care plan and it is reviewed all the time.” Another person told us, “They are meeting my needs here.” A relative told us, “I think [name of relative] is being well looked after, they check on [my relative] all the time.” We saw that care plans were put in place to meet people’s assessed needs. One person told us, “My care is reviewed often.” We saw that people’s care plans were reviewed regularly to ensure that they met people’s needs.

We saw that there was limited information from people within their care plans. People’s needs had been assessed and care plans put in place to ensure that their needs were met. Care plans contained little information about people’s preferences. However staff knew people’s likes, dislikes and preferences and understood people’s needs. This was because staff members had worked with people and over time got to know about their preferences and needs. People’s care plans described the objectives of their care although they appeared to be generic. Where one person displayed behaviours that challenged others guidance that was in place for staff to follow to prevent this was not always being followed. It had been identified that this person became frustrated when their ears got blocked and they were unable to hear what was being said. An action that should have been undertaken regularly to alleviate this was not always being carried out.

One person told us, “There are activities every afternoon.” Another person told us, “There is not much activities here.” The registered manager told us that activities were carried out most afternoons. Staff members were responsible for providing activities as part of their role. There was an activities plan in place for the service. This detailed the activities available each day. We found that the week prior to our visit the activities included a famous faces quiz, music and movement session and a tin can alley challenge. However, the majority of activities took place in the lounge

area so people who spent the majority of time on their rooms were not involved. There was information about people’s social needs. For example we saw that one person’s plan identified that it was important for them to have their hair done. We saw that this person was regularly having their hair done.

People told us that they had been on a trip to the sea side over the summer. We saw photographs of the trip on display. The registered manager told us that the trip had been arranged as a result of a request at a residents meeting. We saw minutes of the meeting that confirmed this. The registered manager told us that they had also invited relatives on the trip. It had been a rainy day this year but people had still enjoyed it. We also saw that the service had arranged pub meals out.

People told us that they enjoyed the garden in the summertime. The registered manager told us how the service had recently introduced ducks and chickens to the garden. One person told us how they enjoyed watching these out of the window. The service had also introduced two guinea pigs and a hamster to the service. These now stayed at the service and were available for people to stroke.

People told us that would be happy to raise any concerns. One person told us, “I have no concerns, if I did I know who to speak to.” Another person told us, “I would speak to the manager if I had a concern, I know who the manager is.” A relative told us, “I’ve no concerns.” They went on to tell us that they have all of the details if they needed to make a complaint in their paperwork.

The service had a complaints procedure that provided details of how any complaints would be investigated. It also included timescales within which people could expect a response. Although the procedure contained contact details for the local authority and the CQC it did not contain information about where people could refer their complaints to for further investigation if they were not satisfied with the provider’s response. The service had not received any formal complaints.

Is the service well-led?

Our findings

People told us that they were sometimes asked for their opinions. We saw that meetings were held for people that used the service every three months. These provided people with updates about the service. They also provided an opportunity for people to make suggestions about things that they would like in place. For example, somebody had said that the food was adequate but suggested that they would like more nibbles at tea-time. This had been put in place. Relatives told us that if they ever raised anything then staff always sorted it out.

People knew who the manager and provider of the service were and felt able to talk to them. One person told us, “I would speak to the manager if I had a concern, I know who the manager is.” Another person told us, “I know the manager and the one in overall charge.” The registered manager carried out shifts supporting people with their care.

Staff told us that they felt well supported by the registered manager and provider and felt able to raise any concerns with them. One staff member told us, “If I had any concerns I could always speak to the manager or the owner. They are approachable.” Another staff member told us, “I think that the manager is approachable I enjoy working here the staff all get on well together.”

The registered manager at the service was aware of the requirements and responsibilities of their role. We had received notifications from the service as required. The registered manager completed monthly audits of incidents, accidents and falls. This enabled them to address any issues to and try to avoid similar accidents or incidents occurring again.

Staff had a consistent understanding of the service’s vision and aims. One staff member told us, “It’s their [people that used the service] home, and they should be comfortable and be able to do what they want to do.” A visiting GP told us, “It’s a homely environment rather than a care home.” This feedback was consistent with the services vision.

The provider had procedures for monitoring and assessing the quality of the service. This included seeking people’s and relative’s views of the service through an annual survey. People’s responses were positive. Although two people had raised that there was not a lot to do. The registered manager told us that they ensured that there was an activity on every afternoon so that people were able to participate if they wanted to.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.