

Northway House Residential Home Limited

# Northway 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?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Northway House Residential Home is a care home. It is registered to provide accommodation and personal care to up to 29 people. The home specialises in the care of older people. At the time of the inspection there were 16 people living at the home and one person was staying for respite.

### People's experience of using this service and what we found

People lived in a home which was not being well maintained and there was continued shortfalls in the recruitment of new staff. The provider had not ensured that staff were safely recruited which could place people at risk of being cared for by staff who were unsuitable.

People lived in a home where there was a lack of provider oversight of quality and safety. Although the manager had implemented systems to monitor quality, the providers nominated individual had no methods for checking quality or driving improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe and were comfortable and relaxed with staff who supported them. Throughout the inspection we saw relaxed, kind and caring interactions between staff and people. There were enough staff to meet people's needs. Staff spoke fondly and knowledgeably about the people they cared for.

People were cared for by staff who felt well supported by their colleagues and the management at the home.

Medicines were managed safely and effectively by staff who were trained and competent to do so.

Risks relating to infection prevention and control (IPC), including in relation to the COVID-19 pandemic were assessed and managed. Staff were following all up to date government guidance regarding infection prevention and control.

There was no registered manager at the home. An acting manager was in post who had ensured that the standard of people's day to day care was maintained. However, there was a lack of oversight from the provider to make sure all aspects of the service were monitored.

### Rating at last inspection and update

The last rating for this service was Requires Improvement. (Published 2 December 2021)

At this inspection, we found the provider remained in breach of regulations regarding the recruitment of

staff. We also found they were in breach of regulations regarding the maintenance of the building.

#### Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

We carried out an unannounced focused inspection of this service on 2 and 3 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We also looked at the Key Question, Effective at this inspection because we received other information of concern regarding the staff not seeking medical support for people in a timely way.

At this inspection we found the provider remained in breach of regulations.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed from Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During this inspection we also carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northway House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to the safe recruitment of staff and the maintenance of the building at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider and we will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Northway House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Northway House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Northway House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We looked at the information we have received from and about the home since the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

## What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

Two inspectors visited Northway House Residential Home on 4 May 2022. We looked around the home and spent time observing care and support in communal areas and in the dining room. We met with all of the people living at the service and spoke with eight people in detail. We spoke with four members of staff and the manager. We reviewed a range of records. This included five people's care and monitoring records and their medication records, as well as a variety of records relating to the management of the service, including policies and procedures.

Following the inspection, we met with the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At the last inspection we found that the provider was not following a robust recruitment process which potentially placed people at risk. This was a breach of regulation 19 (1) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- People could not be confident staff were safely recruited. Staff files we looked at did not give evidence that safe recruitment practices had been followed. One staff file did not contain any references and one contained one reference although two referees had been provided. One did not contain a full employment history. Although the manager advised that this had been discussed at this person's interview there was no interview records to evidence this. Only one file showed a Disclosure and Barring Service check had been completed. The acting manager gave assurances that all staff had undergone a Disclosure and Barring Service check, and these had been viewed by them with the 'New employee Checklist' ticked to say the DBS had been seen.

The provider did not have effective systems in place to make sure staff were safely recruited. This was a breach of regulation 19 (1) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were adequate numbers of staff to keep people safe and to spend time socialising. Staff spoken with felt there were always enough staff to enable them to be flexible around people's needs and preferences.
- At times of any staff shortages, the management team and existing staff team covered any shortfalls. Staff were trained to undertake different roles at the home, and this meant they could all cover any role. Agency staff had not been used.
- People had call bells to enable them to summon assistance when they needed it. During the inspection we did not hear call bells ringing for extended periods of time indicating that people received support promptly when they requested it.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with staff. One person told us, "They are all very nice people here. Very friendly." People looked calm and relaxed with staff who were supporting them.

- Staff spoken with had completed safeguarding training.
- Risks of abuse to people were minimised because staff knew how to recognise and report abuse. Staff spoken with were confident that any issues raised would be fully investigated to make sure people were protected.

#### Assessing risk, safety monitoring and management

- Most risks to people were assessed and measures were put in place to minimise these risks. For example, one person was assessed as being at risk of social isolation and there were instructions for staff about how this could be reduced.
- One person had an airflow mattress in place. This was not set at the right weight for the person. The person's care plan and associated risk assessments did not contain any detail in relation to an airflow mattress being in place, or any guidance for staff on the settings it should be on. The manager gave assurances that they would look into this and explained that the district nurses were involved with this.
- People were protected from some risks associated with the building because improvements had been made in the testing and servicing of equipment. There was a system in place to ensure that health and safety checks, such as testing water temperatures and fire detecting equipment, were carried out regularly.
- The service had a Falls Policy for staff to follow. We requested for this to be reviewed to detail what care and observations people receive following a fall.

#### Using medicines safely

- People received their medicines safely from staff who had received specific training and had their competency assessed. This helped to make sure staff practice was safe.
- Clear medicine administration records were kept. These records showed when medicines had been administered or refused which enabled their effectiveness to be monitored.
- People's medicines were reviewed with their GP and pharmacist. This helped to make sure people only took medicines that were needed. We saw that recent reviews had led to some medicines being discontinued for people.
- Some people were prescribed medicines, such as pain relief, on an 'as required basis.' We observed people were offered these medicines to promote their comfort.
- There were suitable storage facilities for medicines. Medicines with additional controls due to their potential for misuse were stored in accordance with current regulations. We made some random checks of records against stock and found them to be correct.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff in accordance with current guidelines.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were partly assured that the provider's infection prevention and control policy was up to date. Although there was no reference to the recent pandemic, staff were following all up to date government guidance regarding infection prevention and control.

#### Visiting in care homes



- Throughout the COVID-19 pandemic the provider had followed Government guidelines to support people to stay in touch with people who were important to them. At the time of the inspection there were no restrictions on visiting.

#### Learning lessons when things go wrong

- The manager carried out monthly audits of incidents, such as falls, and took action to address any issues. This included referring people for medical support when needed.
- Following the last inspection, the manager had put more regular audits in place to enable them to identify shortfalls and address them.
- Complaints raised by the people who live at the home were investigated, outcomes explained, and lessons learnt shared in staff meetings, group supervisions alongside meetings with the specific staff involved.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People lived in a home which was not being well maintained. For example, on the upstairs landing there was damage to the ceiling which had not been repaired. The action plan received stated this had been damaged since January 2022.
- Other areas of the home were tired and in need of refurbishment. Some carpets needed replacement to ensure they did not become a trip hazard. Some outside areas had been neglected and did not provide a safe area for people to enjoy.
- The provider was not maintaining the building to ensure it provided a pleasant environment for people to live in. However, the manager and staff had been pro-active in trying to make improvements to décor such as repainting the main lounge and some bedrooms.

This is a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had their needs assessed before they moved to the home or used it for a respite stay. This helped to make sure Northway House could meet their needs and expectations.
- Each person had a care plan which gave staff information about how best to support people. Staff said that care plans and staff handover meetings gave them the information they needed to effectively support people.
- Staff continued to offer people choices on a day to day basis. For example, we saw that staff offered to support a person to get up at a specific time but when they requested to stay in bed a bit longer staff respected this choice. Records showed that staff offered support later and the person was happy with this.

Staff support: induction, training, skills and experience

- People were cared for by staff who felt well supported by their colleagues and the manager and care manager at the home. One member of staff said, "[Manager and care manager names] are amazing. So supportive. You can always go to them. They keep your spirits high." Another staff member told us, "Everyone is so supportive. Really nice atmosphere to work in."
- People received their care from staff who had access to on-line training to keep their knowledge up to date.
- Staff have recently taken to learning some key words and phrases in a different language in order to communicate more effectively with a person living at the home whose first language was not English.

Supporting people to eat and drink enough to maintain a balanced diet

- People received food and drink in accordance with their needs and preferences. One person said, "Very nice food and plenty of it. But if you didn't want something you can always ask for something else", another person said, "I can't complain about the meals here".
- People's specific needs and preferences were recorded, and kitchen staff were made aware of these. Kitchen staff knew how to fortify food to make sure people who required additional calories had suitable meals.
- People had the equipment they required to promote their independence. One person's care plan stated the type of cup and plate they required to be independent. At lunch time we saw the equipment was provided and they ate and drank well.
- The care manager monitored people's weights and took action to support people when there were significant changes to their weight. This included seeking medical support, increasing calorie intake and monitoring food intake for those who had lost weight.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Before the inspection we received a concern that people did not always receive healthcare support in a timely manner. We found no evidence to substantiate the concern during the inspection.
- People had access to healthcare professionals in accordance with their individual needs. Care records showed people were seen by GP's, community nurses, opticians and podiatrists.
- Staff worked with other agencies to make sure people received the medical care they required. The manager told us staff from their nominated GP practice visited the home on a weekly basis and there were regular multi-disciplinary meetings where particular concerns could be discussed and advice sought.
- People's oral health care was assessed and planned for.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- One person was being cared for under DoLS. The manager said they would be making an application for another person who they felt needed this level of protection to keep them safe.
- People were able to make the majority of day to day decisions. People told us staff helped them in accordance with their wishes. We saw staff asking people if they were happy to be helped.
- The manager told us if they felt people lacked the capacity to make a specific decision for themselves, they would involve outside professionals to assess the person's capacity.
- Staff had received training in the Mental Capacity Act. We requested for this to be updated to ensure staff

were working within the principles of the MCA.

# Is the service well-led?

## Our findings

### Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found that the provider did not have effective systems in place to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of Regulation 17. However, further improvements were still needed.

- At this inspection we found that the manager at the home had implemented a series of audits to monitor quality and drive improvements. These audits were comprehensive and demonstrated actions taken in response to shortfalls identified. However, we found that the providers nominated individual had not implemented any checking mechanisms and continued to have very limited oversight of the care home.
- The action plan provided to the Care Quality Commission (CQC) following the last inspection included, "The provider to carry out provider visits regularly to carry out spot checks. And feedback reports." This had not been actioned.
- The providers nominated individual had not always addressed issues with the fabric of the building, such as the damaged ceiling upstairs.
- The manager had been in post at the last inspection but had not applied to be registered with the CQC at the time of this inspection. The last registered manager de-registered in August 2021 and no applications have been received to register a new manager. This meant that there was no person working at the home who was legally responsible for the quality and safety of the service people received.

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

- People lived in a home where the manager was committed to providing care which was person centred and promoted people's independence. One member of staff said, "There are no rules here, people can do what they want. We work around people's routines."
- People felt well cared for at the home. One person said, "I have no complaints at all." Another person told us, "I feel well looked after here, although I have nothing to compare it to."

- Staff knew people well which enabled them to provide person centred care. Throughout the inspection we observed staff treated people as individuals and showed kindness and compassion to people.
- Staff were happy in their jobs which created a friendly and relaxed atmosphere for people.
- One person raised concerns around one staff member, stating that the concerns were not serious but were more about this staff members "manners". The manager provided assurances that this would be looked into.

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

- The manager understood their responsibilities to be open, honest and apologise if things went wrong. For example, a small medication error was picked up before administering, and a letter sent to the person.
- The provider was not visible in the home so not easily accessible to staff or people who wished to raise issues or share concerns. However, people and staff described the manager as very approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked with other professionals to make sure people's needs were met. This included health and social care professionals such as social workers and community mental health teams.
- Throughout the COVID-19 pandemic the staff had followed Government guidance to support people keep in touch with friends and family and have safe visits from people who were important to them.
- Quality assurance questionnaires were completed. The questionnaires from December 2021 were used to decide on the decoration people wanted within the lounge.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider was not ensuring that the premises were being properly maintained.</p> <p>This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have effective systems in place to make sure staff were safely recruited.</p> <p>This was a breach of regulation 19 (1) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>