Northfield Care Limited

Northfield House

Inspection report

Folly Lane
Uplands
Stroud
Gloucestershire
GL5 1SP

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18 February 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 17 and 18 February 2016. This was an unannounced inspection. The service was last inspected in September 2014. There were no breaches of regulations.

Northfield House is a care home based in Stroud and provides accommodation and support for up to 25 older people without nursing. People who use the service may have dementia. It is a detached property in a residential area with local amenities nearby. There were 18 people using the service at the time of the inspection.

There was a registered manager in post at Northfield House. working at the home for 28 years and had been the registered manager since June 2009. 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.'

Risk assessments were implemented but these were not always updated to reflect the current level of risk. This meant there were no clear guidelines for staff to follow to minimise risks to people.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines.

People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. This included meetings with staff members and other health and social care professionals.

People were supported to access and attend a range of activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence.

People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported. The planning of people's care, treatment and support was personalised to reflect people's preferences and personalities.

The staff at the home had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLs). These safeguards aim to protect people from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

Where people lacked capacity, best interests meetings had taken place involving other professionals ensuring decisions were made in peoples' best interests.

The staff recruitment process was robust and ensured the staff employed would have the skills to support people. Staff were knowledgeable about people. They had received suitable training to support people safely enabling them to respond to their care and support needs.

The service maintained daily records of how peoples support needs were met. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments were recorded. We saw that the service took time to work with and understand people's individual way of communicating so that the service staff could respond appropriately to the person.

The provider had quality monitoring systems in place which were used to bring about improvements to the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some improvements were required to ensure the service was safe.

Risk assessments had not always been completed to reflect current risk to people.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

There were safe and effective recruitment systems in place. Staffing levels were sufficient; people received high levels of support with a member of staff being allocated to support them.

Medicines were administered safely.

Is the service effective?

Good

The service was effective

People had access to healthcare professionals and details of these visits were recorded.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People and relevant professionals were involved in planning their nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their

families.

People had privacy when they wanted to be alone.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed care plan.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

The service had a robust complaints procedure.

Is the service well-led?

Good

The service was well-led.

The registered manager and senior staff were approachable.

Quality and safety monitoring systems were in place.

The views of people living at Northfield House and their relatives were taken into account to improve the service.

Northfield House

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 was an unannounced inspection which was carried out on 17 and 18 February 2016. The inspection was completed by two inspectors. The previous inspection was completed in September 2014; there were no breaches of regulation.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. For this inspection we used the information from a PIR that was completed in September 2014.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from mental health services, local authority and the GP practice.

During the inspection we looked at six people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with eight members of staff and the registered manager of the service. We spent time observing and speaking with people living at Northfield House. We conducted a Short Observational Framework for Inspection (SOFI 2). SOFI 2 provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this for themselves. This observation was carried out on in the communal area in the home.

Following the inspection, we contacted six relatives by telephone about their experience of the care and support people received at Northfield House.

Requires Improvement

Is the service safe?

Our findings

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. However these were not always maintained effectively. For example, one person suffered a series of falls. Although it had been identified that the number of falls had increased over a period of six months, no action had been taken. This increased the risk of this person suffering a serious injury.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

However in other instances, there was evidence of staff liaising with other health professionals to identify and manage risk. For example, residents who were at risk of developing pressure sores, it was evident from their care records that staff had sought advice from the health professionals regarding this and action plans were clearly detailed.

People told us they felt safe living at Northfield House. One person told us she felt she could laugh and joke with the staff which puts her at ease. One other resident commented how staff explained what they were doing and this made her feel safe. We observed people were relaxed when in the company of staff. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff working at the pace of the people they were supporting and not rushing them. Relatives told us they felt their relative was safe and comfortable in the home and had good relationships with the staff. One family member commented on how she did not have any concerns regarding their parent's safety when they left the home after visiting as, 'they had confidence in the staff at home'. Another family member commented that her mother 'felt safe around the staff at the home'. One relative stated they had, 'complete confidence in the staff' to keep their relative safe.

There was sufficient staff supporting people living in the home. This was confirmed in conversations with staff and the rotas. Each person was allocated a keyworker. This was a named member of staff who was responsible for ensuring care plans were up to date and reflected the current level of need for the person. There was at least three staff working in the home in addition to kitchen staff, a housekeeper, the deputy manager and the registered manager. Some people required two staff for their care and this was clearly detailed in care plans. Relatives commented on how they felt the home was sufficiently staffed. One relative commented, "The home is well staffed and there is always enough staff on duty". Relatives also commented on how they rarely observed agency staff working at the home.

In order to ensure there were sufficient staff working in the home the registered manager informed us they used individual needs assessments for the people within the home. These results were then assessed together to judge the number of staff needed across the home. The registered manager informed us this was done quarterly.

There was always a senior manager working in the home between the hours of 8:00am and 5:00pm during the weekdays. The registered manager informed us how they were always available by phone outside of these times. We were informed there is always at least one team leader on each shift. When speaking to staff they stated they felt confident they could contact senior management if they required further support.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. We looked at the recruitment records of the last five staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. There was evidence of the registered manager sending a photograph of the prospective employee when requesting a reference. We felt this was good practice to ensure the candidate was not using another person's ID.

The registered manager told us new staff members would have shadow shifts when they first started working at the home. These shifts allow a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. These shifts would be at different times of day and night to ensure staff had experience of working all shifts required. In addition to this, the registered manager told us that all staff were allocated to a team leader to enable ongoing learning and personal development of the staff.

The home has a staff disciplinary procedure in place. The registered manager showed us records of how this had previously been used to address a staff disciplinary issue for gross misconduct. This shows the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service are kept safe.

The provider had implemented a robust safeguarding procedure in the home. Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff felt confident to report safeguarding concerns to the registered manager. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. All staff had received training in safeguarding. There have been no safeguarding concerns reported to us in the past 12 months. However, the registered manager informed us they regularly consulted the local authority safeguarding team with any concerns. We have recommended the registered manager keeps a log of these calls to enable them to keep track of what was discussed.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency rechecked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained. Each person had a file containing their medicine administration records, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies were required. This included what staff should monitor in respect of when and how these medicines were to be given. These plans had been developed with the involvement of relevant healthcare professionals.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the

environment by external contractors such as the fire system and routine checks on the gas and electrical appliances. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. We observed the fire alarms in the home being tested during the inspection. We felt that although the maintenance person was not responsible for the day to day care needs of people, he demonstrated a good understanding of people's needs. For example, prior to testing the alarms, he walked around the home notifying all of the service users about the upcoming test.

Staff told us there was a quick response to maintenance and repairs. The home employed a person responsible for maintenance work who attends the home daily. The home maintained daily premises checks to identify any issues which are then reported to the owner. Records are kept of all work completed which clearly detail the work undertaken as well as who it was completed by. There are also records kept to ensure liability insurance records are checked for external contractors to ensure they are cleared to work in the home. The home has a rolling maintenance plan. We were shown the records for the past year and also the maintenance plan for the coming year which is awaiting approval from the owners. The maintenance plan clearly identifies what work is required and when it is due. For example, the plan clearly detailed when the fire extinguishers required servicing. For people who have various pieces of equipment which require regular servicing, there are records detailing when the last service took place, who undertook the work and when the next service is due.

The home was clean and tidy and free from odour. The home had a housekeeper responsible for day to day cleaning. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The housekeeper demonstrated a good understanding of infection control procedures. For example, different cloths were used for different cleaning activities and all cleaning chemicals were transferred through the home in a lockable container to minimise the risk of a resident coming into contact with them. The relatives we spoke with told us the home was 'always clean'. Another relative informed us the home was 'very clean'.

The home had been awarded a five star rating for food hygiene practice from Stroud District Council. This is the highest award that can be achieved. Staff showed a good awareness in respect of food hygiene practices. There were separate fridges for different food products and the fridges were well organised and food was clearly dated when put into the fridge. We were shown records of the temperatures for the fridges and freezers which are taken daily. We were also shown records of food temperatures being taken for all meals before they were served to people.

Good

Is the service effective?

Our findings

Staff had received annual appraisals, with half of the staff who had received an appraisal achieving outstanding results. However, we felt staff supervisions were not occurring frequently and records showed that some members of staff had received only one supervision in the past 12 months. We recommend the provider increases the number of staff supervisions. We feel this would be beneficial for staff development and enable the registered manager to gauge staff progress and identify learning needs more effectively at annual appraisals.

Staff had completed an induction when they first started working in the home. This was a mixture of shadowing more experienced staff and training. This training may be from outside trainers in addition to watching a range of DVDs. The registered manager had recently completed the training to enable them to deliver and assess new staff for the care certificate. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers need to demonstrate competency in.

Staff had been trained to meet people's care and support needs. The staff we spoke to felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. Staff had completed training in doll therapy. Doll therapy is where a teddy bear or a baby doll is used with a person who has dementia to decrease stress and agitation. It can also be used to put responsibility, caring and structure back into the lives of people who have dementia. The registered manager told us they would be discussing the introduction of using dolls with family members.

In addition to this, staff had completed training in the butterfly approach. The butterfly approach aims to make the care home the person's own home and give them control over their environment. It also aims for staff to work with people on meaningful activities. This means filling rooms and hallways with things to look at and do. In the case of Northfield House, we observed how the communal area had lots of dress up clothes, hats, scarves and handbags. We also observed a wooden trolley with fresh flowers, a Singer sewing machine and old preserving jars.

Through discussion with the registered manager and staff it was evident the learning from attending training courses had been implemented in the home. For example, the registered manager had completed the dementia leadership award in 2014 and was able to inform us how they had learnt through attending this training how people with dementia found it easier to identify their room if all the doors were of a different colour. This has now been implemented in the home. When speaking to the people in the home, they easily demonstrated they knew where their room was by telling us what colour the door was. Family members informed us they felt the home had involved them and their relative when choosing the door colour. Another example of this was the use of a red hand rail in the corridors to make it easy for people to see the hand rail and use it for support when walking. The registered manager informed us this had resulted in a reduction to the number of falls suffered by people.

The registered manager demonstrated a clear grasp of the importance of staff training and demonstrated an awareness of staff training needs. The registered manager had identified gaps in staff training and had made suitable arrangements for them to attend training courses. One example of this was in relation to a person who recently moved to the home and had specialist needs. In order to ensure the home were providing a high level of care to this person, the registered manager had booked all staff onto a training course specifically related to this person's care needs.

We felt the registered manager valued the need for continuous development of staff. The registered manager and deputy manager had recently attended a learning event for the Gold Standards Framework and have approached the directors to request funding to implement this at the home. The Gold Standards Framework is aimed at enabling care home staff to provide better quality of care for elderly people as they approach the end of their lives.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People living at Northfield House required constant supervision when in the home to ensure their safety. Everyone living at Northfield House had assessments regarding their capacity to make decisions and appropriate DoLS applications had been made where required. The registered manager had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented in the care plans. When speaking to family members, they told us they felt involved in best interest decisions.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed staff talking to people in the communal area asking them what they would activity they would like to do. On one occasion we observed a staff member asking people what music they would like to listen to. From talking with staff and observing their interaction with people it was evident that they respected the wishes of people using the service. For example, we observed one staff member offering a drink and snack to a person. The person declined stating 'maybe later'. The staff member respected this and came back some time later to offer the person a snack again. From our observations and discussions with staff it was evident they knew the needs and preferences of the people using the service. When speaking to one staff member regarding the person for whom she was the keyworker. We were given a detailed account of the person's daily routine as well as their likes and dislikes.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. One example of this was in a recent admission where due to the needs of the person the registered manager was unsure if Northfield House would be the right sort of environment for this person. In order to assess this, the registered manager had detailed conversations with the person's social care professionals to identify their needs and then invited the person to spend a 'trial day' at the service. Following the success of this, the person moved into the home.

The registered manager informed us they used evidence from health and social care professionals involved in peoples care to plan care effectively. This was evidenced in the care files. One example of this is the use of support from nursing staff to manage the risk of pressure sores. The residents we spoke to felt they were involved in their care planning and this involvement was clearly documented in the care records. The relatives we spoke to stated they felt involved in care planning and felt their opinions were listened to. One relative told us, "I am always asked for my opinion".

Care records included information about any special arrangements for meal times and dietary needs. We observed the use of red plates at lunchtime to aid people who had dementia or poor eyesight. Menus seen showed people were offered a varied and nutritious diet. Although there was a planned menu, we observed the registered manager visiting residents individually in the morning to discuss whether they would like the meal on the menu or something different. Meals were flexible and if people wanted something different to what they chose in the morning, the staff would try their best to accommodate this. This was confirmed to us by the chef and the registered manager. We also observed during lunchtime when a resident no longer wanted to eat what was offered to her and requested a boiled egg. The staff supporting her worked with the kitchen staff to accommodate the wishes of this person. People were observed being given a choice of where to eat their meal in either of the dining rooms or in their room. A relative told us, "There is a good choice of meals". Another relative told us, "The food at the home is good'. The staff we spoke with described the food as being good.

Care files clearly detailed the individual support people needed with their meals. For example, if a person required support with cutting food, this was clearly detailed in their care plan. Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required. Relatives told us they felt there was enough food provided for people at the home. One relative described her mother as being 'a bag of bones' when she first moved to the home but now feels she has put on weight. The relative stated, "I haven't seen her looking this well in 15 years".

A health professional who visits the service and supports all of the service users stated he felt the standard of care was good at the home and people were receiving care that was effective in meeting their health care needs. Another health professional stated 'clients appear well cared for'. Another professional stated the home were quick to raise any concerns with the relevant professional.

People had access to a GP, dentist and other health professionals. The records from these appointments were recorded and were also reflected within the reviews in peoples care files. For example, where people's nutritional and fluid intake required monitoring, the care files evidenced the liaison between the home and the person's GP. Where Do Not Attempt to Resuscitate orders were in place, these were clearly detailed in the care files. There was also a separate file in the registered manager's office for quick reference for the staff.

Northfield House is situated close to the centre of Stroud. The home was suitable for the people that were accommodated. We felt the home had taken the needs of residents into account when decorating the hallways and communal areas. For example, one wall was painted to reflect a traditional sweet shop as the home felt this would evoke childhood memories in people. In addition to the main lounge, there is a quiet lounge on the first floor which was well decorated and had a range of comfortable chairs. The registered manager said that this room is usually used by people when their relatives visit.

Each person had their own bedroom with each having their own toilet and sink. Bedrooms were decorated to individual preferences and the registered manager informed us that people had choice as to how they

wanted to decorate their room. Relatives told us that people were able to decorate their room as they wanted. One resident told us how the registered manager had brought in colour charts and samples of carpets when she wanted to redecorate her room. The person said she felt this was 'very important' to her as she felt she had choice. Relatives we spoke to told us they felt it was 'homely' at Northfield House. A social worker who had visited had complimented the home stating, "This is a very nice home, it has a welcoming and friendly atmosphere about it'.

There was parking available to visitors and staff. There was a secure garden which was accessible to the people living in the home. The home obtained three different designs for the garden. Residents and their families were consulted before a final design was chosen. There were tables, chairs and also a shelter made specifically for one resident who smokes to protect her from the weather.

Good

Is the service caring?

Our findings

Staff treated people with understanding, kindness, respect and dignity. For example, staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering a person's bedroom. When speaking to staff, they were clear in their understanding of privacy and informed us they always knock and seek permission before entering a person's room. Staff also informed us they ensured doors were closed when providing personal care. This demonstrated staff were conscious of maintaining people's privacy and dignity. We observed staff respecting people's privacy in communal areas. For example, where people were supported to go to the toilet they were asked discreetly whether they wanted to go. Staff explained to people who we were and our purpose for visiting the home.

It was evident from speaking to staff and observing their interactions with people that they were aware of people's needs and were able to manage any challenging behaviours as a result of dementia. The GP who visits the home frequently informed us they had confidence in the ability of the staff to manage challenging behaviour and stated they had not had any requests from the home to prescribe sedative medication for the management of challenging behaviour.

There was a genuine sense of fondness and respect between the staff and the people using the service. We saw people laughing and joking with staff. One staff member stated, "It's lush to see someone smiling". A volunteer working in the home stated, "All the staff are very caring" and, "I feel part of the team". One person who was on a college placement at the home stated, "The staff are lovely, they are always willing to help".

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and staff were able to communicate well with people. For example, one person had limited levels of verbal communication. However, upon observing this person's interaction with staff members, it was evident the staff knew the person well and understood their communication style. Staff were observed using touch as a form of communication and also to put people at ease when speaking to them. Staff evidently knew people well and had built positive relationships. Family members we spoke to stated they felt the staff knew their relative's needs well and were able to respond accordingly. The family members we spoke to informed us they felt their relative was happy at Northfield House.

The staff were aware of people's routines and how they liked to be supported. Each person was allocated a keyworker. This was a named member of staff who was responsible for ensuring care plans were up to date and reflected the current level of need for the person. When speaking to one keyworker, they were able to provide a clear overview of the person they were supporting including their preferences for what time they liked to wake up, what they liked to eat for breakfast and what clothes they preferred to wear.

Staff talked about people in a positive way. Staff showed a person centred approach to the people they were supporting. For example we observed staff discussing with one person what snack they would like to eat. One family member informed us their relative liked to listen to Christmas carols so staff at the home arranged for this person to go out with a staff member to listen to carol singers. Another relative stated she

felt her mother was treated as an 'individual' by staff.

The registered manager informed us they were implementing memory boxes and life stories to include things which were important to people. The registered manager told us requests had been sent to family members for them to share information in relation to this with the home. When speaking to relatives about this, they felt it was a good idea and were supportive of this.

People looked well cared for. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. One relative described the staff as 'kind and caring'. Another relative described the staff as 'excellent'. One relative stated, "The staff are kind and caring which helps my mother look so well". Relatives told us the staff listen and respond to people appropriately. Relatives told us the staff would try their best to fulfil any requests they have. We observed staff working with people at their pace and activities were tailored to the individual needs of people.

We observed positive staff interactions and saw people were engaged. One example of this was during the morning when there were two staff in the lounge. However, the staff focussed on all of the people present to ensure they did not feel left out. Staff were observed joking with people and having positive interactions. When speaking to one of the staff, they were able to explain to us how one person liked to do crosswords so the staff made sure these were always available in the lounge. This demonstrated the staff had a clear understanding of this person's needs and were able to respond appropriately.

Professionals who visited the service frequently stated staff were 'respectful' towards the people using the service. One professional went on to state they felt staff were, "Proactive and knew the needs of the people using the service well". The professional stated they felt the overall level of care provided at the home was to a high standard.

People's preferences in relation to support with personal care was clearly recorded and people were enabled to maintain their independence if they indicated a preference for this. These were clearly detailed in the care plans. For example, one person was able to manage their personal care independently with minimal support from staff. This was recorded in the care file and when speaking to this person she informed us staff would allow her to manage these tasks independently. People were able to have privacy if they wanted to. Staff told us people will request if they want time alone. Staff will then leave the person for a short period of time. For example, we observed one person in the lounge who informed the staff that she wanted to return to her room. The staff supported her with this.

Staff told us people were offered a choice on a daily basis in respect of how they wanted their support. This was observed throughout the inspection. For example, staff were observed asking people at meal times if they wanted help before supporting them.

We saw in the support plans how the service had worked with people and their families to identify and record their choices and preferences. It was clear from the information available that people were consulted and that care and support was planned according to the needs and abilities of each person. Relatives informed us they were involved in care planning and reviews.

People were given the information and explanations they need, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. Care records included information about how people could be involved in making decisions. Relatives informed us they felt people had choice and were treated with dignity and respect. One relative informed us staff always tried to involve people in decision making processes.

People were well supported over the lunchtime period. Staff were engaged with people and were patient, taking the time to ensure it was at the pace of the individual. Relatives informed us the food at Northfield House was of a good quality. One relative informed us the meals were of a very high quality stating, "I would eat there".

People were given choice as to where they would like to spend their time. For example, one person preferred to spend most of their time in their room. Staff were observed respecting this decision and supported the person where they felt most comfortable. When speaking to another person, she informed us that staff always invited her to activities but she preferred to remain in her room and staff respected her wishes.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Relatives told us they were able to visit when they wanted to. One relative stated, "There have never been any restrictions on visiting".

People and their relatives were given support when making decisions about their preferences for end of life care. Care records clearly detailed end of life wishes and evidenced people and their families had been consulted regarding this.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that each person had a support plan. The service had a structure to record and review information. The support plans detailed individual needs, what the person liked and disliked and how staff supported them. These support plans were held on a computer system and there was also a paper copy for each person to enable staff to access records easily.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would use the CareDocs computer recording system to read people's care plans and daily notes at the start of each shift. We were unable to observe this as the staff on shift during both days of the inspection were working long shifts and no handover was required during the day.

The home had a robust process for ensuring changes were recorded in people's files. We were informed each keyworker recorded any changes in the paper file. These were then discussed with the team leader who ensured the changes were made on the copy held on the computer system. There was evidence of regular reviews of care plans being carried out. Professionals who visit the service stated they felt staff responded well to people's needs and were proactive in managing changing needs. Relatives told us they felt the home responded well to people's needs. For example, one person was a smoker and in order to ensure this person had shelter when outdoors, a small shelter was built for her. One relative informed us they lived out of town but the home always kept them informed of any changes to their relative's needs. Family members informed us they were kept informed of the outcome of visits from health professionals and where these resulted in changes to the person's medication or any other aspect of their daily routine, these changes were clearly explained to them.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people we spoke to indicated that they were happy living in the home and with the staff that supported them. Throughout the inspection, we observed positive interactions between people and staff. Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable. Relatives complimented the staff about how they were responding to people and the relationships that had been built with staff. One relative stated the staff were 'excellent'. Another relative stated the staff at the home were, "Very friendly and responsive to people's needs". One relative described the home as the 'best place' their relative had been and felt they had a 'good quality of life'. One relative described the staff as 'caring and responsive' giving an example of when their family member had some difficulties with a specialist piece of equipment that was provided for them. The family member told us they felt the home had responded well to the concerns raised by the person by involving the relevant professionals to ensure the equipment was suitable for the person.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The provider also stated

they used evidence from health and social care professionals involved in the person's care. One example of this was a recent admission to Northfield House. The registered manager informed us that in order to assess whether the home would be the right environment for the person, the registered manager had detailed conversations with the person's social care professionals to identify their needs and then invited the person to spend a 'trial day' at the service. Following the success of this, the person moved into the home. Relatives we spoke to felt they were involved in the care planning of their relative. One relative informed us they were always involved in care planning and reviews.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, there was an emergency admission pack on the computer system which all staff were able to access and print. This contains basic contact details, medication and daily needs. The registered manager informed us this would be followed up by a phone call to the ward once the service user was allocated a bed. Staff were clear as to what documents and information needed to be shared with hospital staff. If a person needed to move to a different home for any reason, the registered manager informed us they would encourage the relevant person from the new home to visit the resident and have a discussion with staff and family so they could get to know the person and their care and support needs. The registered manager informed us if this was not possible, for example, if the new home was out of county, she would have a discussion with the registered manager of the new home, hold discussions with family members and relevant professionals who are involved in the person's care and send copies of the person's care files to the new home for them to review.

People were supported on a regular basis to participate in meaningful activities. Activities included skittles, ball games, cards and music. There was an activity board in the hallway detailing what activities were on for the week. Pet therapy and a sing a long were planned for the week of the inspection. In addition to this, staff told us that there were some activities outside of the home. For example, people were supported to go to the local park. Relatives stated activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do things they enjoyed and were happy at the home.

The home had also arranged for an art group named Connect to Colour to visit the home. We were shown a picture in the hallway emphasising the homes ethos of 'compassion and commitment'. We were informed that this was made by the residents with the support of the art group. The registered manager informed us that the group were scheduled to visit the home again in March. Relatives informed us they were impressed with this. One relative informed us they felt this was an 'excellent' way to get people involved.

Some staff members and a relative felt that there could be more activities for people. Staff told us that the number of activities available to residents had reduced since the activity coordinator had recently left her post. When discussing this with the registered manager, she acknowledged this and informed us that she was aware of these concerns. The registered manager informed us that they have advertised for a new activities coordinator.

Relatives confirmed they knew how to complain but did not have any concerns. They told us they had confidence in the registered manager to respond promptly to any concerns or suggestions that were made. People told us they felt the registered manager was always available if they had concerns. Relatives informed us that the registered manager and staff kept them up to date with their relatives care. The registered manager told us quarterly newsletters were sent to relatives to keep them updated of what was happening at the home. Relatives informed us the home has recently set up a Facebook page which keeps them updated on what is happening at the home. Relatives informed us they felt this was useful and a good idea from the home management. Care files contained evidence that people's consent had been sought

before any photographs of them or any other information was used on the Facebook page. The registered manager told us it was important to maintain positive relationships with relatives so they felt confident to approach them with any concerns or suggestions. Professionals we spoke with stated they felt confident their concerns were listened to and actions were taken accordingly.

Complaints were managed well. The registered manager informed us about one complaint she had received in January. When looking at the records, it was evident this had been dealt with appropriately and there had been learning taken from the complaint.

The registered manager told us the home also kept a log of the compliments they had received and we were shown these. One family contacted wrote to the home after the death of their relative stating 'thank you for all your love, care respect and endless affection that you showed to mum; she could not have been happier'. One compliment received at the start of this year stated 'We would heartfully like to thank you all for the care and devotion, you give to mum'. Professionals who have been in contact with the service have been equally complimentary to the service. One GP who had visited the service stated "It is a lovely home and it is nice to see X was receiving good quality care".

Good

Is the service well-led?

Our findings

There was an experienced manager working at Northfield House. They told us they had been working at the home for 28 years. Staff spoke positively about the management style of the manager. A member of staff told us they felt supported by the registered manager. Staff told us they felt they could discuss any concerns they had with manager. When speaking to the maintenance person and the housekeeper, they both stated they felt they could raise any issues with the manager and felt the manager listened to them. Staff informed us there was an open culture within the home and the manager listened to them. Staff used team meetings to raise issues and make suggestions relating to the day to day practice within the home.

The staff described the manager as 'being a part of the team' and 'very hands on'. We observed this during the inspection when the manager was regularly attending to matters of care throughout the day. Staff told us when there were difficulties with staffing last year as a number of care staff had left, the manager made herself available to support the staff with their duties throughout the home. Relatives of people living at the home supported this stating they felt the manager was involved in day to day matters at the home. Relatives used term such as 'caring', 'excellent', 'brilliant' and 'fantastic' to describe the manager. During the inspection, the enthusiasm of the manager was evident and we felt this had a positive effect on the morale and enthusiasm of the wider staff team. Staff we spoke to told us they felt morale amongst staff was good and this was down to the manager's good leadership.

The hairdresser who visits the service weekly described the manager as being 'very hands on', 'one of the team' and felt she offered great leadership and was a role model to other staff. She described the manager as, "The best manager".

Staff told us meetings were held regularly and they were able to participate in discussions about the running of the service and the care and welfare of people living at Northfield House. Staff told us any changes to the care practice, the running of the home and key policies were discussed. Their opinions were sought on what improvements were required.

Meetings between the senior management team took place at least quarterly. In addition to this 'virtual meetings' between the senior management also took place which were used to address any urgent issues. We were also informed the registered manager submitted daily reports which gave details of any problems or issues. These included maintenance matters. These reports enabled the directors to deal with issues and resolve them as quickly as possible. We were also informed by the registered manager that the directors visited the home regularly to observe practice and were easy to contact via telephone or email when required.

Relatives told us they found the manager approachable and committed to providing person centred care. They said the service was well managed. A relative said the manager, "Will work with us to solve problems". The provider had implemented surveys for family members to enable feedback and suggestions to be made on the quality of the service. Relatives confirmed surveys had been sent out to them and felt their opinions were valued. One relative told us the manager is, "Easy to get a hold of". We were shown the outcome of the

2014 surveys which had a 95% satisfaction rate. We were told by the directors that paper surveys had been discontinued since the summer of 2015 and the home now encourages relatives to submit recommendation cards or online reviews to www.carehome.co.uk. The directors feel this is will enable a more realistic picture of the service as it is a continuous process which provides more accurate and up to date results. The service currently has a rating of 9.7 out of 10. The directors also informed us people could make suggestions through the suggestions box; discuss issues directly with the manager or make a formal complaints using the home's complaints procedure.

The registered manager told us they completed random written surveys with people living at the home and their relatives when they visit the service. We were shown the results of these and feedback provided by both parties was positive. In addition to this, the registered manager met regularly with people and their families to discuss their views of the home and the care being provided.

We discussed the value base of the home with the manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The manager and staff told us they involved relatives where relevant. Staff were clear on the aims of the service which was to provide people with care and support that was individualised. The emphasis was that Northfield House was people's home.

The manager had implemented appropriate systems to continually monitor the health and wellbeing of people. Audits were implemented by the manager and recognised good practice as well as areas for improvement and these were clearly detailed on the documentation. The registered manager told us they audited two people's care plans each month. However, these audits had not been recorded. We have recommended these are recorded as they are another audit about the quality of care provided at the home. We were told by the registered manager and senior care staff that staff are expected to review care plans monthly and sign off to say they are correct. If any changes are needed, staff will tell the care plan co-ordinator who will then ensure the changes are recorded in the care plan.

The manager had a clear contingency plan to manage the home in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the manager was able to outline plans for short and long term unexpected absences. For example, the provider had implemented an on call system to cover for unexpected staff absences. The manager also detailed how the deputy manager would cover for her in her absence.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments had not always been completed to reflect current risk to people.