Shelphen Care Limited

Northgate House

Inspection report

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20 June 2018

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Northgate House is a residential care home in Market Weighton for older people, including people who are living with dementia. Since our last inspection the provider had built an extension and there had been extensive refurbishment of the building. The registration of the service had been amended to increase the number of people who could be supported at the home to 32. Accommodation was over two floors, with lift access. A secure courtyard area had been created and some bedrooms had direct access to the courtyard.

At our last inspection we rated the service Good overall, but Requires Improvement in the key question: Is the service effective? The was because the service was not meeting legal requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

At this inspection we found the service had made significant improvement in this area and was now meeting legal requirements. The evidence from the inspection continued to support the rating of Good overall and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 13 and 20 June 2018 and was unannounced. 29 people were using the service at the time of our inspection.

There was a registered manager in post. People, relatives and staff spoke positively about the management and leadership of the home.

People told us they felt safe living at Northgate House. Risks to people were assessed and managed. There were systems in place to protect people from the risk of harm or abuse. Medicines were stored, administered and recorded safely. The premises were clean and well maintained. The provider took action to address some minor infection control issues we identified on the first day of our inspection.

There were enough staff to respond to people's needs in a timely manner. Appropriate checks had been undertaken before staff began work to ensure they were suitable to work in a care setting. Staff received an induction, training and supervision to give them the skills and knowledge for their roles.

The provider assessed people's needs in line with best practice. The environment had been planned with consideration of people's needs. People were supported to receive a varied diet and sufficient to drink. Staff sought advice from healthcare professionals when they had any concerns about people's health or well-being. This included supporting people to access the GP, community nurses and other specialists, such as the falls team.

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

Feedback we received from people, relatives and visiting professionals showed us that staff were caring and treated people with dignity and respect. This was corroborated by the observations we made during our inspection. The interactions between staff and people who used the service were warm and friendly.

The provider had introduced a new care planning system and care plans were recorded electronically on this system. Staff also used this system to document the care they provided; this enabled the provider to monitor that the care delivered was in line with people's needs and preferences. Care plan contained information about people communication needs, but we have made a recommendation about researching and implementing best practice in the provision of accessible information.

Some activities were provided at the home, and the registered manger had plans to increase the range of activities available by working with a local community scheme.

The provider had a complaints policy in place and people told us they would feel comfortable raising any concerns. There was a quality assurance system and audits to identify any issues and drive improvement. Some audits could be developed further to analyse aspects of the service in more detail, such as care records. We also found some policies needed updating and the provider told us they planned to complete a review of all policies and procedures. People, relatives, visiting professionals and staff were asked for their feedback in surveys. Comments in these surveys indicated there was a high level of satisfaction with the service provided.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service has improved to Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Northgate 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 comprehensive inspection took place on 13 and 20 June 2018. The first day was unannounced. We told the provider we would be returning for the second day of the inspection.

The inspection was carried out by one adult social care inspector and one assistant inspector on the first day of inspection. Day two was carried out by one adult social care inspector.

Before our inspection, we looked at information we held about the service. The provider completed 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 plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority quality monitoring team prior to our visit. We planned the inspection using this information.

During the inspection we spoke with five people who used the service and five relatives and visitors. We spoke with five care staff, an activities coordinator, the accounts manager, a company director, the registered manager and the nominated individual for the provider. We spoke with a visiting healthcare professional via the telephone, after our first site visit.

We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, three care staff recruitment and induction files, training records and a selection of records used to monitor the quality of the service. We also spent time in the communal areas of the home and made observations throughout our visits of how people were being supported. We carried out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for

themselves.

Good

Is the service safe?

Our findings

People we spoke with confirmed they felt safe living at Northgate House. One person commented, "I'm very happy here and very safe." Relatives and visitors were confident that people were safe and well cared for.

There were enough staff to meet people's needs. We reviewed staff rotas and observed staff responded promptly to people's requests and call bells. Staff felt there were enough staff and one person told us, "Staff are busy but they always come quickly if I need anything. If I press my buzzer they come straightaway."

Staff were appropriately vetted prior to their employment, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check. We discussed with the registered manager retaining more detail about the reason for any gaps in applicant's employment history and the registered manager took action straightaway to amend their standard interview record.

The provider assessed risks to people's safety. We found examples which showed that staff took action to minimise risks that had been identified. For instance, observing people when eating if they were at risk of choking, and repositioning people regularly if they were at risk of developing pressure sores. Pressure relieving equipment was available, along with equipment to assist people to mobilise safely where required.

The provider monitored the number of accidents and incidents each month and used this information to look for any patterns. This helped them to identify where further action or improvement may be required. For instance, where the same person had had a number of falls the provider had sought an assessment and advice from the specialist falls team.

Staff received training in safeguarding vulnerable adults from abuse and were aware of the action they should take if they had any concerns. The provider had a safeguarding policy in place, but this needed updating. They provided us with a copy of the updated policy shortly after the inspection. Staff also had access to the local authority multi-agency policies and procedures.

We found checks of the building and equipment were carried out to ensure the environment and equipment was maintained safely. This included checks on the fire alarm, gas safety and electrical wiring. Arrangements were in place to prevent and control the risk of infections, including cleaning schedules and training for staff. The building was clean, but we found some minor infection control issues on the first day of our inspection, such as the inappropriate storage of mops. These issues were addressed by the time we returned on the second day. The provider also agreed to create new arrangements for the storage of clinical waste.

We found medicines were appropriately managed, stored, recorded and administered. Staff received medication training and were observed to check their competency before being allowed to support people with their medicines. We observed staff supporting people appropriately and involving them in decisions about their medicines.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection in March 2016 the provider was in breach of Regulation 13 of the Health and Social Care Act Regulations (2014) because mental capacity assessments and applications for DoLS authorisations had not been submitted to the local authority for people we were told needed them.

At this inspection we found that significant improvements had been made in this area and the provider was now meeting legal requirements. The provider conducted mental capacity assessments in relation to specific decisions and we found that DoLS authorisations were in place, or had been applied for, for people who required them. Where people had a Lasting Power of Attorney (LPA) for health and welfare decisions or for finances the provider retained evidence of this, to help ensure that relatives were only asked to sign to consent to decisions for which they had legal authority. Staff demonstrated an awareness of the MCA and throughout our inspection we observed staff seeking people's consent before assisting them.

People and visitors we spoke with felt that staff had the appropriate skills to care for people effectively. One person who used the service told us, "Staff seem to have a lot of meetings together and organise things. They know what they are doing." We found staff received an induction when they started in post. They also received training, including fire safety, manual handling, health and safety and infection control. Some staff had also received training in specific areas, such as falls awareness and diabetes. Staff we spoke with believed the training they received equipped them for the job. Staff had the opportunity to attend team meetings and they received supervision. Some staff were overdue their quarterly supervision and the registered manager told us these would be arranged as soon as possible.

The provider assessed people's needs and choices in line with legislation and best practice. The registered manager conducted an assessment prior to people moving to the home, to ensure the service was suitable for people's needs. The registered manager demonstrated knowledge of best practice in relation to dementia care. The home had undergone a major renovation and extension since our last inspection. Changes to the environment had been planned with consideration of people's needs; it was spacious and there were lifts to access the upper floors of the home. The provider had created a pleasant secure courtyard area, which we saw several people using during our visits. The registered manager showed us old photographs they had sourced of the local area. They planned to display these in the home to prompt discussion and memories for people who used the service. We discussed increasing the amount of dementia friendly signage to aid orientation, which the registered manager agreed to explore. A visitor told us, "What they've done with the place is marvellous. It's changed a lot. It always looks nice and clean."

People received support with their healthcare needs. People told us, and records confirmed, that they had access to a range of services and professionals, such as GPs and community nurses. There was information about people's healthcare needs and appointments in their electronic care records. A visiting healthcare professional told us that staff called them out in a timely manner if they ever had any concerns about

people, and said, "They take notice of any advice I give them, such as changing people's position. They talk to each other and pass on information."

People were supported to receive a healthy balanced diet and adequate hydration. People had a choice of meals and where they wanted to eat. We observed mealtimes were well organised and support was available for those who required it. Most people told us they enjoyed the food available. Staff completed a record of the food and fluid people has consumed. People were weighed regularly to monitor for any significant changes.

Good

Is the service caring?

Our findings

We received consistently positive feedback about how caring staff were. Comments from people included, "They are smashing," "They are very kind" and "They are all so nice and always smiling." Relatives told us, "The staff are lovely," "They are always nice and approachable" and "They bend over backwards for [my relative], they really do. They're so kind." A visiting healthcare professional commented, "The staff seem genuinely caring; they try to do their best for people and show concern for their well-being."

People appeared comfortable and relaxed in the presence of staff. Staff spoke about people respectfully and we observed they were caring and attentive in their interactions with people. They intervened when people needed assistance but encouraged people to do things for themselves where possible, such as at mealtimes and personal care tasks. One person told us they were able to go out into town independently because this was important to them; they said that the registered manager always ensured they had their phone and contact numbers with them. Care records contained detail about what people were able to do independently, in order to maintain their skills.

We observed staff offered people choices and involved them in decisions, including how they wanted to spend their time. Staff explained the options available to people. One person had an advocate, for independent support with decision making and representing their wishes. We noted there was no information on display about how people could access independent advocacy support should they wish to. The registered manager agreed to make information available in the home.

People's privacy and dignity was respected. Staff gave us examples to show how they helped maintain people's dignity, including giving people a call bell when they were in the bathroom, where appropriate, to enable people to have privacy and call for assistance when they were ready, rather than staff needing to stay in the room with them. We saw staff knocked on people's bedroom doors before entering. People were able to have visitors when they wished and the visitors we spoke with confirmed they were made to feel welcome.

The registered manager sought information about people's diversity needs, including religion, ethnicity and disability, when they conducted pre-admission assessments. This information was then included in people's care plans. People's faiths were respected and we were told a monthly communion service was held at the home, for those who wished to attend. The registered manager provided us with an example to show how they used the information gathered in a pre-admission assessment to meet someone's needs; they identified the person had always received communion once a week, so prior to the person moving in to the home the registered manager had made arrangements so that this could continue straightaway once the person was living at Northgate House. Staff completed equality and diversity training as part of their induction.

Information related to people who used the service was stored securely. Care records were mainly held in electronic format on a computer system, and staff had access to relevant parts of this system according to their role, via individual passwords. This meant care staff had access to the information they needed, whilst

protecting the confidentiality of information that not all staff needed to know. The provider was aware of the new data protection laws that had recently come into force and had prepared for this, including reviewing all their current data protection systems.

Good

Is the service responsive?

Our findings

Each person had a care plan with information about the support they required. Care plans were detailed and contained a variety of appropriate information about people's needs and preferences. The provider had recently introduced a new electronic care planning system so people's care plan and associated monitoring records were recorded on the computer. Staff entered information on the system, such as when they had supported someone to reposition, and what people had had to eat and drink. This allowed the provider to check that care was being provided in line with their care plan.

At the time of our inspection staff were still getting used to the new system and there were some minor inconsistencies with where they were recording certain information. We also found an example where it was not clear from records whether staff had been responsive to one person's needs in relation to repositioning and pain relief. We discussed this with the registered manager, who addressed this with the staff involved and ensured the person's medication was reviewed. However, in the main, information was clear, detailed and reflected that staff provided care in line with people's needs and wishes. The electronic system also flagged up when care plans were due for review and we found care plans were regularly reviewed.

As well as the electronic care records system, other technology was used in the home, such as wireless mobile nurse call systems and pendants. There was also WIFI for people who wished to use tablet computers and other wireless technology.

There was information in care plans about any advanced wishes people had. The service had good links with visiting healthcare professionals and staff worked with these professionals if people required end of life care. Relevant medicines and support were available for people in this situation.

All organisations that provide NHS or publicly-funded adult social care are required to follow the Accessible Information Standard. The Standard sets out a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. The provider identified people's communication needs and we found there was information recorded in care files regarding this. Communication aids, such as glasses and hearing aids, were available to people. However, we noted there was limited information available at the home in accessible formats, like easy read or large print. The provider had a complaints procedure available in an easy read format, but this version was not the one on display in the home.

We recommend the provider researches best practice in accessible information and take action to ensure more information is available to people in a format that is suitable for their needs.

The provider employed an activities co-ordinator three hours a day, and they supported people with a range of activities. During the inspection we saw people had been playing bingo, and we were told other activities at the home included quizzes and arm chair exercises. One person told us they took part in bowls and another said they enjoyed doing word searches and knitting. The registered manager told us they were working to increase the variety of activities on offer, by developing links with a local community scheme.

The provider had a complaints policy and procedure. We found there had been no formal complaints received in the previous year. People and visitors told us they felt able to raise any concerns and were confident staff would help them address the issue. One person told us, "You can also raise any concerns in residents' meetings." The provider retained thank you cards and compliments received by the service.

Good

Is the service well-led?

Our findings

The service had a registered manager, who had been registered with CQC since August 2016. They had worked at the home for some time prior to this in a different role, so knew the service and people well. It was apparent that the registered manager had developed positive relationships with people who used the service and relatives. A relative told us, "[Registered manager] is approachable and really good" and one person commented, "She's smashing."

Staff told us they were well supported. One said, "I get training and support. I can go to [Registered manager] for anything. She is supportive." Staff told us the values of the organisation were to provide good quality care. Their feedback indicated there was a positive culture, open within the organisation. Staff felt their views were listened to and that if they reported any concerns these would be dealt with professionally.

Staff had opportunity to attend meetings and we saw minutes that showed us staff were given reminders about expectations in relation to aspects of their roles and care provided, as well as opportunity to share their views and feedback.

The registered manager demonstrated a good understanding of their role and responsibilities. They had submitted statutory notifications, as required by law, for incidents that occurred at the service. In the PIR, we were advised the registered manager kept up to date with best practice by attending training and regularly visiting relevant websites, such as the Department of Health, NHS England, NICE, HSE and the CQC. The provider worked in partnership with other organisations, including healthcare services and local churches.

The provider had policies and procedures in place. These had been reviewed in the last year but we found some still contained references to out of date information and guidance. For instance, the policy relating to care plans did not reflect the new electronic care planning system in place at the service. The provider advised us they would complete a comprehensive review of all policies and procedures to ensure they reflected current legislation and guidance. They already had access to a range of new policies and procedures and planned to adapt these to the needs of the service before implementing them.

There was a quality assurance system in place and the provider completed regular audits to monitor the quality of the service. This included audits in relation to the environment and health and safety. A monthly analysis was undertaken in relation to falls. There was also a six monthly administration audit, which included areas such as staff recruitment records, supervision and training and care plans. We saw examples which showed where action was taken from audits in order to address any improvements required. However, we discussed with the provider including more detail in the administration audit about which specific records had been reviewed, in order to more clearly identity any actions required. The registered manager agreed to address this and consider ways to ensure care plans were audited more impartially.

As part of the provider's six-monthly quality assurance audit, people who used the service, relatives, visiting professionals and staff were invited to complete a survey to give their views of the service. Comments received in these surveys showed there was a high level of satisfaction with the service.