

FitzRoy Support Northfields

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Northfields is a residential care home providing personal care and support to up to seven people with a learning disability and or autistic people. At the time of our inspection there were six people using the service. The service consisted of one large bungalow, with shared communal spaces, and each person had their own bedroom with ensuite bathroom.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: 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. However, records relating to capacity assessments and Deprivation of Liberty Safeguard (DoLS) applications were not regularly reviewed to ensure people were being supported in the least restrictive manner. The premises were homely, and people's bedrooms had been personalised based on their own preferences.

Right Care: Care records were under review at the time of the inspection and we identified areas where improvements were required to ensure safe consistent care was provided. People's support was personalised and catered to their specific wants and needs. Staff provided support in a dignified way to protect people's privacy and maintain their feeling of self-worth. Staff were trained appropriately to support people and knew them well.

Right Culture: Staff and the management team at the service spoke positively about people within the service and wanted people to live their best lives. We identified areas where governance of paper records and processes had not been maintained putting people at potential risk. Such as medicine records not clearly evidencing topical cream applications, risk assessments and care plans not being regularly reviewed or robust.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 14 March 2020). The service remains rated requires improvement. This service has not achieved a rating of good overall for the last three

consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 remained requires improvement based on the findings of this inspection.

Enforcement

We have identified a breach in relation to the governance and oversight of the service at this inspection.

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

Follow up

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.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Northfields

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.

Inspection team

On day one, there was one CQC inspector. On day two, there was a CQC specialist medicines inspector and an inspector. Another inspector also completed some of the telephone calls to staff.

Service and service type

Northfield 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. Northfields 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 a registered manager in post.

Notice of inspection

This inspection was unannounced on the first visit, the second day of inspection was announced.

Inspection activity started on 26 July 2022 and ended on 08 August 2022. We visited the service on 26 July 2022 and 02 August 2022.

What we did before the 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. We also liaised with the local authority to source feedback. We used information gathered as part of monitoring activity that took place on 22 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records, including four people's care records and six medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with 10 members of staff, three health care professionals, three people using the service and two relatives.



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 for this key question 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- We identified a near miss medicines incident that hadn't been reported to ourselves or the local authority for full transparency. The provider took steps to mitigate the risks this incident presented but had not deemed necessary to share this information with external bodies. No harm or distress was caused from this incident.
- Care plans were under review prior to the inspection taking place. The care plans that were currently being used within the service were not robust and did not detail all risks had been assessed. For example, there was insufficient guidance for staff to follow if the person's glucose levels were not within the expected range
- Daily recording of people's support needs had recently been transferred to an electronic format. This new system was still being imbedded at the service. Daily recording did not always evidence what support people had received, and that relevant welfare and equipment checks had been completed to keep people safe. On the second day of inspection we identified that some improvements had been made but further attention was required.
- The organisations safeguarding policy was on display within the building, ensuring the staff, visitors and people were able to raise concerns appropriately if they felt this was required. People spoke positively about the staff team and were comfortable to ask for support when they wanted it.
- Staff were observed supporting people in a safe way whilst still encouraging their independence. For example, when staff prepared drinks for people, they reminded them of the potential risk of hot fluids.
- Where risks has been identified, a falls checklist had been completed where a person had experienced a fall. This ensured appropriate actions were taken to keep the person safe and source any additional resources for their well-being.

Using medicines safely

- We identified that for a person managing and administering their own insulin with the support of staff, the risks around this had not been properly considered. In addition, the service had not identified a medicines risk for people using paraffin-based skin products and fire. We asked the service to put in place an appropriate risk assessment for those people prescribed these medicines to protect them from harm, which they did following our inspection.
- We found that medicines stored in some people's rooms were being stored in cabinets that were not sufficiently robust to ensure medicines were being kept safely. We also noted some external medicines located in people's rooms were not being stored securely to ensure people were not at risk of accidental

harm by accessing them. The registered manager confirmed following the inspection that storage had been improved.

- Information about how people preferred to have their medicines given to them was available for staff to refer to. There was written guidance available to help staff give them their medicine prescribed on a when required basis (PRN), however, some of the protocols were in need of review. The manager later confirmed that they took immediate action to resolve these issues.
- Records showed overall that people received their oral medicines as prescribed. However, we noted that for medicine prescribed for external application such as creams and emollients there was most often a lack of records showing that these medicines had been applied.
- People living at the service received regular reviews of their medicines by prescribers in line with national 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, we identified that a mental capacity assessment that had been completed was now over 12 months without being reviewed and required further expansion.
- Staff were observed asking people if they would like support or assistance. Staff respected people's decisions and were seen to be supporting them in a dignified manner.

Staffing and recruitment

- Staff had completed training relevant to the role they were completing, this included training for epilepsy, learning disabilities and medication administration.
- Sufficient staffing numbers were deployed to support people on both days of our inspection. People were supported in a timely way and were observed to ask staff if they would support them to the community that day which staff confirmed they were able to do.
- Staff were safely recruited, and checks were made on their character from previous employers and on their suitability through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 meeting shielding and social distancing rules.
- 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.
- 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 assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Family members were able to visit their loved ones in line with current government guidance. On one day of the inspection family met their loved one at the service then went out for a meal with them in the local community.

Learning lessons when things go wrong

- We found the registered manager to be responsive to our feedback. Following a recent local authority visit some changes at the service had begun to take effect prior to our inspection, however not in all areas. Equally, feedback given to the management team after the first day of inspection had been actioned prior to the second day of inspection.

Is the service well-led?

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. At this inspection 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.

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

- This is the third time this service has been inspected and has not achieved a rating of Good overall.
- Action had been taken immediately following our inspection, however, we were not assured that the internal governance systems of the service were sufficient to identify the areas of risk raised in this report. Change only happened as a result of this inspection, not due to the systems and processes in place
- We identified documents that had not been regularly reviewed, such as medicine records. This posed a risk that the information would not be the most accurate for staff to follow.
- We identified some actions that were highlighted in a recent local authority visit to the provider had not taken place on day one of our inspection. This included risks in relation to the security of the grounds not being fully mitigated. This was actioned by the management team when highlighted by the inspector.
- A new electronic care planning and daily recording system was being introduced at the service. However, this did not contain robust daily recording of people's support and well-being and care plans were in a transition stage meaning that key information was not available to all staff to ensure safe consistent support was completed during this transition.

Systems were not robust to ensure sufficient oversight of records within the service to ensure people were well supported and safe. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team within the service were open and honest during this inspection. They listened and responded appropriately to feedback, making immediate improvements where possible.
- Complaints were listened too and analysed to ensure outcomes were achieved and shared with the person raising the complaint. Families told us they felt the management would listen to any concerns and act appropriately.
- People's families told us they were kept updated on their loved ones wellbeing. A family member said "(Person) is on the phone they are always cheery. (Person) seems happy and staff keep in touch about everything."

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

- People were supported positively by staff and advocated for themselves how they wished to be supported and what they wanted to do. People told us they were happy at the service and that staff supported them well
- Meaningful goals had been established with people to ensure people had something they were wanting to achieve. This included improving visits to loved ones who were further away in addition to trips to places of interest such as theatres and football grounds.
- The environment had been adjusted to enable people to live as independently as possible. A person had their own fridge within their bedroom for their own personal items. The service also had an adapted kitchen to enable people with mobility needs to prepare their own drinks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team spoke passionately about people being supported and wanted them to live their best lives. People were observed supporting with cooking meals within the service. Being asked what meals they would like to make and this directive being respected by staff.
- House meetings had taken place, giving people opportunity to discuss the support they were receiving and to offer input and suggestions on any changes they would like to the service.
- Surveys had been completed gathering the opinion of people using the service, their loved ones and staff. Actions from these surveys were in the process of being added to an action plan to ensure any trends were identified and actioned appropriately.

Working in partnership with others

- The service engaged with external health and social care professionals as required for the needs of the people at the service. Feedback received from healthcare professionals was positive and they felt that the service engaged with them proactively for the needs of the people.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The care provider's governance systems were not robust to ensure sufficient oversight of people's care records within the service to ensure people were to keep them well supported and safe.</p> <p>Regulation 17 (1)</p>