

The Regard Partnership Limited

Northfield House

Inspection report

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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

The inspection took place on the 01 May 2018 and was unannounced. Northfield House provides accommodation and support with personal care to a maximum of six people with learning disabilities or who have autism spectrum disorder.

Northfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Northfield House can accommodate up to six people in one adapted building. At the time of our inspection six people were living at the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a new manager in post who was in the process of becoming registered with the Care Quality Commission. 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.

People felt safe staying at Northfield House and risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Northfield House to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely by suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible.

New staff completed an induction designed to ensure they understood their new role before being

permitted to work unsupervised. Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role.

People were cared for with kindness and compassion. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were involved in their care plans and reviews. Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. Regular audits of the service were carried out to assess and monitor the quality of the service. Staff felt supported by the manager and staff meetings took place. The service had achieved gold and silver in investors in people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 inspection took place on 01 May 2018 and was unannounced. The inspection team consisted of two inspectors.

Before this inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we met most of the people living at the home and spoke with one of them. We spoke with the manager, the locality manager and three members of care staff. We also spoke with one social care professional and three family relatives to gain their view of the service.

We spent time observing how people were supported in the communal areas of the home and observed how staff interacted with people. We looked at a range of records which included the care records for three people, medicines records and recruitment records for four care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

We last inspected the home in January 2016 where no concerns were found. The home was rated good in all domains.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us, "I feel safe here. I've got my own room and know how to complain. If any staff are not available I go to [locality manager's name] he listens to me". A relative told us, "So safe here. I wouldn't have him in his placement if I didn't feel that. He can go to any member of staff if any problems. I feel relaxed that he is there". Other comments included, "Happy at the moment and confident [person's name] is safe". As well as, "Very happy with the care, I feel he's safe. No worries at all, very satisfied".

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The provider told us people had regular meetings with staff where they would be able to raise any concerns. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us, "I would report to my supervisor and line manager. If you think about it you need to raise it".

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

There were enough staff deployed to meet the needs of people and keep them safe. Staff worked one to one with some people during the day and one staff member stayed at the service overnight. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. One staff member told us, "I feel there are enough staff here. Helps that people are allocated extra hours for one to one support, which has helped to run more efficiently".

Robust recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service. Staff told us that people were involved in the interview process.

People were supported to receive their medicines safely. There were individual locked medicine cabinets kept in people's bedrooms to store their medicines safely with temperatures taken daily to ensure they were safe to use. Care plans included specific information to direct care staff as to how people should be supported with their medicines. Medicines information were also available in picture format and explained what the medicine was and what it was for in an easy read format. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Some people needed 'as required' (PRN) medicines for pain or anxiety. People had guidance in their care plans to help staff identify when they required (PRN) medicines. Safe systems were in place and followed by staff to support people who required topical creams.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed every month. These included environmental risks and any risks due to health and support needs of the person. For example, the risk assessment for one person informed staff that they needed support to charge their laptop and close it down as they like to skype their family.

There were processes in place to enable the manager and provider to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

People were involved in keeping the home safe. One person told us, "I help with the fire testing. Every Wednesday we set the alarms off; if we see a fault we report it". Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had Personal Emergency Evacuation Plans (PEEP) in place to provide information on how people would need to be supported in the event of an emergency in the home. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out, which involved people living at the home. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule with people and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. However, we saw in one of the bathroom's a cabinet needed replacing as it was hard to clean as worn and had paint coming off which could be an infection control risk. We spoke with the manager who told us they would replace it straight away and plans were in place to replace the flooring in the bathrooms.

Is the service effective?

Our findings

People and their relatives felt well cared for by staff that were well trained and understood their needs. Staff and the management knew people well. One relative told us, "I feel staff are trained to look after [person's name] all really good". A health professional told us, "I have witnessed a number of staff providing support; they adapt their communication styles accordingly and are flexible in their approach to ensure effective care".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff had received additional specific training to ensure they had the skills necessary to meet people's needs, such as autism, epilepsy, dementia and end of life training. New staff completed an induction programme. Arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. For example, through supervisions (one to one meetings) with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, they had "Supervisions regularly. I definitely feel listened too. Pass concerns on and vice versa as well as training and improvements discussed".

Staff had received training in the Mental Capacity Act 2005 (MCA). The 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. Staff showed an understanding of the MCA. Before providing care, they sought verbal consent from people and gave them time to respond. A health professional told us,

"Their communication with external partners and family members in my experience have been to a high standard. There has been some concerns lately relating to my service user. They have worked with me to get the right support at the required time but were keen to follow the MCA and always ensure the least restrictive option".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to

the authorised DoLs.

People's health care needs were met. Health care professionals were positive about the support people received. The staff were always very good at communicating concerns or worries regarding people living at the home as well as seeking advice as to the best way forward with providing care for people. One health professional told us, "Northfield, have been very open and keen to establish joint working. They contact me when issues arise and ask for assistance when required.

They have followed recommendations made to ensure quality of care. All health and social care issues are raised and amendments made to the package of care to ensure best outcomes".

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. Information about people's health needs was included within their care files and health plans including information as to what support people may need in relation to these. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person.

People were involved in choosing the weekly menu. One person told us, "Food is good here and I have a choice. My favourite is scampi and chips and peaches". People were encouraged in helping with meal preparation and those who enjoyed doing this were supported to do so. Staff were aware of people's dietary needs and preferences and supported them to eat and drink and maintain a balanced diet. People met every week to agree the menu and choose their meals.

The person we spoke with told us they liked living at the home. The environment was appropriate for the care of people living there. People's rooms were personalised. People had their own rooms with a separate lounge with TV and a separate conservatory. The home also has a private garden.

People's bedrooms were highly personalised to their own tastes and preferences. For example, people had chosen their own colour schemes and décor. People's likes and hobbies were reflected in the pictures and ornaments they had in their rooms

Communal areas were also personalised with photos of people and activities they had enjoyed. There were lots of things people could do such as listening to music, watching television or DVDs and playing computer games.

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and compassion. One person told us, "Staff good here, two thumbs up, spot on". They also said, "Staff are kind to me. This morning I forgot my jacket, [staff member's name] got staff member to bring it for me". A relative told us, "Super place. Staff wonderful, so dedicated. Can't speak highly enough of them". Another relative said, "Staff are friendly, (person's name) gets on well with all of them". A third relative told us, "Staff are lovely".

Staff built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. One staff member told us, "I love working here with these guys, love it. Just six residents so really get to know them and they know you". Another staff member said, "I love working with the guys and I know them pretty well".

We observed positive, caring interactions between staff and people using the service. Staff demonstrated that they knew how people liked to be supported by the way they interacted with them. The staff also showed respect at all times and maintained dignity. It was very clear staff respected the people and the people using the service respected the staff. Staff told us they would knock on people's doors and identified themselves before entering. Staff spoke with us about how they cared for people and we observed that people were offered choices. Choices were offered in line with people's care plans and preferred communication style.

People were encouraged to be as independent as possible. One person told us, "I like living here I can be independent and sort out the cars. I like cars if I see any faults I report them". Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

People were involved in the care planning process. There were pictorial records about how the care plans had been developed and these were signed by the individual. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have. Care plans informed staff to respect people's privacy and dignity at all times and led to goals that had been identified by the person of things they wanted to achieve.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identified people who were important to the person. People and their families confirmed that the manager and staff supported their relatives to maintain their relationships.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured

conversations could not be overheard.

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. One person told us, "I go to day centre all week. Trampolining and skittles. I hit the skittles so hard they go down". A relative told us, "Very active time, always busy. Day centre, loves gardening, bowling all sorts of activities". Another relative said, "Well occupied, enough to do".

People were involved in their care planning. One person told us, "[staff] involve me in the care plan and staff help where needed". People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of their care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. There were also care plans for end of life which provided details and people's preferences at the end of life. A staff member told us, "Care plans are fine, tell you all you need to know about people. Gives you a good idea of what to expect".

Care plans were reviewed regularly by their keyworker. A relative told us, "[person's name] just had a review last week. No problems and he was happy with everything". All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. A staff member said, "I'm a keyworker for [person's name] which involves meeting any problems he has. Things he needs to buy, if he wants to go anywhere, any goals."

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had communication passports in place. These contained communication signs and their meaning and enabled staff to understand what people wanted to do, or how they were feeling. For example, for one person it stated, whilst (you are) talking to another resident I grab your arm and pull you towards me means I want your attention. Explain to me that you are talking to someone else and you will be with me soon. People had pictorial guidance to help them understand and manage their day.

People were supported to access the community and do the things they wanted to do. One person told us, "Every Wednesday I go to [name of club] for a drink up the road. I enjoy that". When we arrived at the home most of the people were going out to day centres or planned activities with staff. Staff were aware of people's interests and how people liked to spend their time. We spoke with a staff member about how the person they were supporting had enjoyed their day. They told us, "Great morning at the farm, checked the chickens for eggs. Fed the chickens and goats and assisted with planting a hedge. [Person's name] really engaged, enjoys being outside". People had the chance to attend holidays each year. One staff member told us, "Went on holiday with [people's names] last year to Gran Canaria it was brilliant".

Residents meetings' were held monthly and were attended by people living at the home. The manager also sought feedback through the use of an annual quality assurance survey questionnaire sent to people living

at the home and their families. The feedback from the latest quality assurance survey, in May 2017 showed people were happy living at the home and the responses were positive about the care and support they received.

The provider held regional group forums for people using the service to engage with and obtain feedback from people to improve the service. The manager told us two people from the home attended and they really enjoyed it and a lunch was included. Records showed that a forum in December 2017 was a great success. People looked at what kind of questions were important to them to ask potential staff in recruitment interviews.

People and their relatives knew how to make comments about the service and the complaints procedure was prominently displayed. One person told us, "I know how to complain. If any staff not available I would go to [locality manager's name] he listens to me". One relative told us, "[person's name] never complains, very happy and always wants to go back to the home". Another relative said, "[manager's name] is wonderful, lovely. Any problems she will deal with it. Not that there are any problems mind you". The home had a complaints procedure which was also produced in an 'easy read' format. No complaints had been received in the last year.

Is the service well-led?

Our findings

People and their relatives told us they felt this was a well led service. One relative told us, [manager's name] has done a marvellous job in the last few months. She is a little treasure. Got a good heart and will do anything to make it good for them". Another relative said, "I'm grateful and lucky we got him there, really is a super place. Just like home". They also said, "He's very happy, very lucky that we found Regard for him". A third relative told us, "So pleased [manager's name] is going to be the registered manager, she's a little star in the making".

Staff were positive about the support they received from the management. There was a new manager in post who had not yet registered with the commission but was in the process of doing so. Staff felt they could raise concerns, make suggestions on improvements and felt supported in their role. One staff member told us, "Management lovely. Think [manager's name] has done really well". Another staff member said, "Management very supportive, learnt a lot from them. Any questions you can go to them. No worries". Other comments included, "[managers name] very efficient, every faith in her she's excellent".

During our inspection at Northfield House, we observed several staff who all appeared relaxed, confident and happy working in the home. There appeared to be a good relationship between the staff and with management and they appeared to support each other. One staff member told us, "I enjoy working here and the guys we look after and it's so relaxed and homely. Their home and their choices".

Staff meetings were carried out monthly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Staff meetings were used to discuss concerns about people who used the service and to share best practice. This helped staff to improve outcomes for people. One staff member told us, "Staff meetings really good. I like it that staff feel they can talk". Another staff member said, "Staff team so nice. Lovely place to work".

The manager working at the service used a system of audits to monitor and assess the quality of the service provided. These included medicines, health and safety, finances, infection control and care plans. Where issues were identified, remedial action was taken. The manager maintained a visible presence in the home and had regular discussions with the staff team about any improvements or changes that may be needed.

The locality manager visited the service every month to review the service's progress against the Care Quality Commission's key lines of enquiry, and to review previous actions agreed with the manager. Where actions had been identified these had been completed.

The manager informed us they kept up to date by attending training and were in the process of starting their health and social care diploma level 5. As well as attending meetings with other managers from the provider's homes to share best practice.

There was an open and transparent culture in the home. The provider notified CQC of all significant events

and was aware of their responsibilities in line with the requirements of the provider's registration. The provider had appropriate policies in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way if people came to harm. The home had been accredited with 'investors in people' and achieved a silver and gold award. Investors in people is an international recognised accreditation to support and manage staff members well with sustainable results.