M D Homes

Northwood Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 30 June and 7 July 2017. There were 30 people being supported by the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Northwood Nursing Home is registered to provide accommodation and support for up to 35 people with health conditions, age related frailty and people living with dementia. It also provides nursing care. At the time of our inspection there were 30 people living in the home.

When we last inspected the service on 23 and 30 September 2016 we found breaches of regulations 9, 11, 12, 14, 17 & 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was insufficient care planning in place to ensure people's individual needs and choices were being met, people's choices and preferences were not being upheld and their nutritional needs not being met.

There were ineffective systems in place to keep people safe, people's dignity was not always respected or maintained. We found that people's liberty was being restricted unlawfully and people were not always recruited with the necessary communication skills to provide safe care and treatment to people.

The provider's governance systems were not robust and had failed to identify concerns we found as part of the inspection. We took action using our regulatory powers and imposed a condition on the provider's registration to provide the Care Quality Commission with monthly action plans to ensure people were kept safe and their health and welfare was maintained. We also placed the service in Special Measures and kept the service under review along with referring our findings to the local authorities safeguarding and commissioning teams.

Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements.

At this inspection we found that the service had improved. People told us they received care and support that met their individual needs. People were involved in the development, planning and review of their care.

Staff knew people well and treated them with dignity and respect. Care plans had been improved and were now more personalised and contained detailed information about people's support needs.

We found although record keeping had improved, some records were still inaccurate.

Staff knew how to recognise and respond to any allegations of abuse. However we found that people's medicines were not always being managed or monitored safely and individual risks to people were not always reported or managed effectively.

People were supported by sufficient numbers of staff who were recruited through a robust process which helped ensure staff were suited for the roles they performed. Staff were inducted and received on-going training and support. Staff had individual supervisions and, team meetings in order to share good practice and discuss any concerns.

Although people were supported to make their own decisions, and to retain where possible, their everyday living skills, we found situations where people's liberty was being restricted.

We found that people views were obtained through resident meetings with the registered manager. Although the service demonstrated they had improved the systems and processes in place to monitor the service in order to continue to improve the standard of care and support for everyone who used the service, this was still an area that required improvement.

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

The service was not always safe.

Medicines were not managed safely and placed people at risk of harm

People felt safe and were supported by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that staff were suitable.

Sufficient numbers of staff were always available to meet people's individual needs in a timely way.

Potential risks to people's health and well-being were not always identified and actioned effectively.

Is the service effective?

Requires Improvement

The service was not always effective.

People rights were not always respected and restrictions imposed unlawfully.

People's wishes and consent were obtained before care and support was provided,

Staff were trained to help them meet people's needs effectively.

People were supported to eat a healthy balanced diet which met their needs.

People were supported to have their day to day health needs met.

Is the service caring?

Good

The service was caring.

Care was provided in a way that promoted people's dignity.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives where appropriate were involved in the planning and reviews of the care and support provided.

The confidentiality of personal information had been maintained.

Is the service responsive?

Good

The service was responsive.

People were provided with an activity programme that met their needs or respected their choices.

People's care was responsive to their individual needs.

People were supported to be involved in decisions about their care.

People's concerns were taken seriously and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led.

Effective systems were in place but did not always identify areas of the service that required improvement.

People, relatives and healthcare professionals were all positive about the manager, staff and how the service operated.

Records were not always updated or maintained.

Northwood Nursing Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider had completed a Provider Information Return (PIR) in advance of our inspection. This is a document that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

This inspection took place on 30 June & 7 July 2017 and was carried out by two inspectors. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with seven people who used the service, three relatives, seven care staff, a member of the activity staff, the deputy manager and the Registered manager. We contacted family members and relatives to obtain feedback and also sought feedback from health and social care professional's familiar with the service. We looked at seven care plans, four staff files, complaints, records relating to food and fluid monitoring and other information which related to the overall monitoring of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection carried out at Northwood Nursing Home in September 2016 we found that the risk assessments in place were not personalised or detailed enough to support staff to ensure people were kept safe. At this inspection although individual risk assessments were now in place we found that where people had suffered an injury as a result of fall or incident, staff had not consistently completed a body map or monitored the person for a repeat of these incidents. For example we saw an incident record for one person who had sustained a wound to their head and the record stated that they were unable to recall how the incident occurred, or if anyone else may have been involved. However we found that although staff referred the person to the GP, they had not reviewed or updated the relevant risk assessment or considered if this should have been referred to the local safeguarding authority. We looked another care plan for a person who had been assessed as having behaviour that challenged. However we found that there was no challenging behaviour plan in place for this person or guidance for staff on how to support and manage this person's behaviour. This placed people at risk of harm.

The registered manager told us that some people who were able to safely leave the home without an escort. However, we saw from one person's risk assessment that staff had not sufficiently risk assessed this activity either prior to the person going out, or once there had been an incident outside of the home. For example, one person had left the home and had gone missing, which was reported to the police. They had been discovered in an intoxicated state and returned to the home by the police. However there was no evidence that confirmed this person's risk assessment had been reviewed, updated or any actions taken as a result of this incident or to minimise any future risk to this person.

At the last inspection we found that peoples medicines were not ways managed safely. At this inspection although people's medicines were now managed safely there were areas that still required improvement. In particular the reviewing and monitoring of anti-psychotic and hypnotic medicines. We spoke with both the provider and registered manager about this, and they told us they would seek to have people's medicines reviewed. However, we also found that where people were prescribed medicines covertly, staff did not follow the appropriate pharmacy guidance. For example, one person was prescribed a tablet that was recorded on the MAR was 'not be crushed'. When staff were asked how they administered this medicine they told us they crushed it. However, staff had sought advice from the pharmacy who recommended the use of a liquid form; however the service had not updated this prescription.

We checked the medication administration records [MAR] for 18 people and found these were all completed as people were given their medicines. Staff used the appropriate key for when medicines were missed or when refused and accurately recorded the reason for not taking. When people left the home, for example to stay with relatives, staff ensured people took their medicines with them. We checked the physical stocks of people's medicines which included controlled drugs and found these to be accurate against the stock records. Where people were prescribed anticoagulant medicines such as warfarin, we saw regular blood tests were carried out and the medicine dosage amended following the prescribers guidance.

However people who had medication prescribed on an 'As required' basis did not have an accurate record

to instruct staff of when to administer these. For example, protocols were written to inform staff when to administer medicines to people who were unable to communicate, lacked sufficient detail. One person's protocol was written to direct staff when to administer a sedative medicine. The reason recorded for administering this was, if the person was, "Hysterical, delirious, unstable, disturbed or mad." We found there was no instruction either regarding how these behaviours manifested themselves, or alternative methods to explore, prior to administering the tablet. Furthermore, the protocol instructed staff to then administer 'half to one tablet' without guidance for the strength of medicine to be given.

People at Northwood Nursing Home lived with both complex mental health needs and dementia. Although people saw their psychiatrist or GP who reviewed and prescribed their medicines, we found that the use of both anti-psychotic and hypnotic medicines had not been reviewed in line with national guidance. The use of the hypnotic drug to assist with sleep should then be reviewed and withdrawn to allow the medicine for managing the behaviour to be monitored. Where people were prescribed the hypnotic / sedatory medicines, they were not routinely monitored for an increase in associated behaviours such as agitation, aggression or anxiety.

Staff regularly checked the temperature range of both the medicine room and fridge to ensure they remained within safe operating temperatures. Staff maintained accurately records of medicines that were received and returned to the pharmacy.

Those people at risk of developing a pressure ulcer had the appropriate pressure relieving equipment in place, and received the required positioning to help maintain their skin integrity. At the time of the inspection no one at the home had a pressure wound. People with identified needs such as challenging behaviour did not have an appropriate risk assessment in place. For example, one person's care records noted they had a significant history of challenging behaviour. We found no behaviour plan in place for this person.

Due to the ineffective systems in place to keep people safe this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us they felt safe at the home and they were well supported by staff that had been trained to recognise and respond to the potential risks and signs of abuse. One person said, "I know I can always call for help if I need it and there are more staff around now than when you came last year." One relative told us they felt that their [family member] was safe and well looked after at Northwood Nursing Home and said "I have no concern at all about [name] safety". One person we spoke with said "The staff are always kind to me and I never feel afraid, they make me feel well looked after and I never have to worry."

All seven staff members we spoke with were knowledgeable about the principles of safeguarding, how to raise any concerns they had, both inside the home and externally, and also how to 'Whistle Blow' if the need arose. One staff member we spoke with told us "Anything that's not right, like a mark or if the person if not cared for, I'll report straight away." Staff told us they had access to detailed guidance about how to report safeguarding concerns which included contact details for the relevant local authority. One relative told us, "The staff here are trustworthy and kind and I never worry when I leave that my [relative] will come to any harm."

People were supported by staff that had been through a robust recruitment process. This ensured that staff employed at the home were suitable for the roles they performed. Staff told us they did not start working at the home until they had all their pre-employments checks completed by the registered manager. These included completion of an application form, an interview, a criminal records check and written references.

However we found that in the three staff files we checked none contained a health declaration form that had been completed. This was an area the required improvement. We saw there was an effective induction programme in place that included new staff shadowing more experienced staff for a minimum period of one week. The registered manager explained that this was flexible depending on the person's experience and knowledge. We reviewed the induction documentation for the most recent employee and found that this was both up to date and had been signed by the senior staff member and the new member of staff.

At the last inspection we found that some staff who were employed at the home had a limited understanding of the English which had led to poor communications between staff members and people who lived at the home. At this inspection we found that this had improved. We observed staff members conversing fluently with the people they supported and there appeared to be no issues with regard to communication between the people who lived at the home and the staff who supported them. As part of our visit we also reviewed the daily records of fifteen people and found the information to be both legible and clearly written.

The provider had flexible working arrangements which ensured there were enough suitably experienced and skilled staff available to meet people's agreed care and support needs safely, effectively and in a calm and patient way. A relative told us "I can usually find a staff member to speak to if I have a problem, although sometimes during the evening it's a bit more difficult as they seem to be much busier and not quite as many staff around." However this does not affect the care of my relative as they are always well cared for when I visit and tell me they always find that staff are there when they need them."

When we arrived at Northwood Nursing Home we saw staff carried out their tasks in an unhurried manner. The atmosphere was calm, and staff were observed to be patiently assisting people with their personal care and general support needs. Staff told us they felt there were enough staff to support people. One staff member said, "It's a lot better than how it was before, we have a bit more time to help people and join in with the activities." The registered manager completed a monthly assessment of the support that people required and used this to inform their staffing levels. One relative told us, "Generally there is always a staff member around if I have a problem or a concern and if they are busy I just phone the manager the next day."

At the last inspection we found that people did not always have access to their call bells, for situations where they may have required assistance or in cases of an emergency. At this inspection we found that this had improved. We saw that for people who were looked after in bed their calls bells were easily accessible. For example we saw that one call bell had been attached to the persons bedding, next to their hand and for another person who was sitting in their arm chair, we saw that the call bell had been placed by their side. We saw from the daily records that for everyone who was being looked after in bed there were regular checks in place to ensure people were safe from harm.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example first aid and fire safety. Additional emergency guidance, checks and tests were tailor made to cater for the needs and particular circumstances of night duty staff. Regular checks were carried out which ensured that the equipment used were well maintained to keep people safe. Detailed personal evacuation guidance had been drawn up for each person to help staff provide effective support in the event of emergencies.

Requires Improvement

Is the service effective?

Our findings

One person who lived at the home told us "The staff are always around to help me, if needed." Another person told us "I can be a bit self-conscious when I am having a bath but I can honestly say that all the staff that help me makes me feel at ease and always cover me up." One [Relative] we spoke with told us "Whenever I visit, I see staff helping people in all sorts of ways and they are always polite and respectful." A [family member] told us, "I feel that my relative is treated with respect and dignity. The staff address them by using their name at all times. When they transfer them from chair to chair they adjust their clothes appropriately and they will ask quietly if they need to go the toilet".

Staff received training and support to enable them to professionally develop. Staff spoken with felt supported by the registered manager. One staff member said, "I have done all my training, I get my supervisions, I feel I am well supported." Newly employed staff had been enrolled on a nationally recognised certificate of training to support their induction. We looked at the training offered to staff, and found that although this covered key areas, such as pressure area care, safeguarding adults, and mental capacity, and all staff had completed these topics. It did not cover additional areas for example in specific mental health needs, or substance misuse. Northwood Nursing Home provides care to elderly people living with dementia, who also live with an enduring mental health need. Key training for staff to develop their practise around areas such as schizophrenia, bipolar, or aggression was not provided. We spoke with the registered manager and provider about developing their training program, and they told us they were a member of a local training provider and would speak with them to find additional training. In addition they told us they were also looking at developing a 'Champion' scheme, where staff members were provided with additional training to act as a mentor to colleagues in areas such as wound care, dementia and safeguarding adults.

Staff and the registered manager confirmed they completed a detailed induction programme, during which they received training relevant to their roles. In addition to the completion of training they also spent some time at the home familiarising themselves with the layout and policies and procedures of the home. The registered manager told us "I like to invest time in new staff because I want to make sure they understand the complexity of the people we support. "Staff were able to 'shadow' more experienced staff and had their competencies assessed in the work place to make sure they were competent to work in an unsupervised capacity.

We looked at how the registered manager had assessed people's capacity when they suspected they may be unable to make their own decisions about their care. We found the approach to this was variable across the home. We looked at one person's capacity assessment, and saw this related to several decisions, most of which were significant. These included areas such as overall consent for care, medication, sharing confidential information and being served halal food. The assessor concluded that the person was unable to retain the information given to them in the MCA, so therefore was unable to make their own decisions. However, when we recited the list of decisions noted in the assessment to the registered manager, they agreed they would have found it difficult to recall the list. Once the decision had been made that the person lacked capacity, then staff made a decision based upon their own beliefs, and had not consulted with either the person or their family to determine what was in their best interests. For example, where people were

prescribed medicines covertly, staff had not considered whether there were other alternatives to try.

People had DNAR decision in place that although having been signed by the GP, were not consistently documented on the correct form, neither did they demonstrate they had been discussed with people's relatives. In some examples, the decision did not relate to cardiac resuscitation. For example, one decision recorded the reason to not resuscitate was due to oesophageal tear, chair bound and frailty, but did not assess the cardiac chances of resuscitation. This is an area that required Improvement.

Where people were subject to a deprivation of liberty [DoLS] the conditions of these were not always met by staff. For example one DoLS was authorised based upon the condition the person's one to one staffing arrangements were reviewed and actions taken to reduce this, to ensure the person was not unnecessarily subject to continual supervision and control. The DoLS had been authorised in November 2016 and although the person saw their psychiatrist on 16 November 2016, shortly after the authorisation, little had been done to review the one to one care.

At the last inspection we found that people's liberty and choices were being restricted. At this inspection we found that although there had been improvements, people who were able to were able to leave the home unescorted to go for a walk, shopping or visit the local pub for example had not been given the code to the front door to allow them to leave the building. We observed one person loitering in the hall waiting for staff to open the door for over ten minutes.

Due to people's liberty and choices being restricted we found that this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection carried out in September 2016 we found that people's choices and preferences were not being upheld and their nutritional needs not being met. At this inspection we found this had improved. We saw that people were offered a range of choices for both their lunchtime meal and at supper time. We saw specialist diets were provided to people. For example people who chose to eat a vegetarian diet were now given a choice of meat substitutes and also a healthier balanced diet, whereas at the last inspection one person who was on a vegetarian diet was given meat.

We observed people were supported appropriately by staff who assisted them with their lunch at a pace that was appropriate to the person assisted. People were supported to maintain their independence with the use of items such as spouted beakers and plate guards. People were provided with condiments, and there was a choice of meal available to people to choose from. People were able to select what they wanted from the menu on the wall, and small pictorial menu on the table. One person purposefully walked to the servery trolley and said to staff, "I would like mashed potato, chips, peas and lots of gravy today please." This was promptly served and given. However for people who were unable to choose, the approach was not in line with best practise. Staff asked people what they wanted to eat, but for people who may be living with dementia did not offer visual prompts. On the menu for the day of our visit was fish and chips and a vegetarian sausage. Neither looked particularly appetising with the fish being a grey colour, and particularly small. However, although staff were aware of who required thickener in their drink, staff were seen to mix all drinks from one persons prescribed thickener. On the trolley were three peoples thickener; however the kitchen staff member used only one to dispense.

People were supported by a range of health professionals. We saw from people's records they were able to see their GP, dietician, speech and language therapist, psychiatrist, phlebotomist, and community nurses among others. Staff ensured they attended external appointments with people so they were aware of any changes or actions resulting from the consultation.

Good

Is the service caring?

Our findings

People were supported in a kind and compassionate way by staff who knew them well, were knowledgeable about their care needs and who had taken time to develop positive and caring relationships with them. One person told us, "I have never been unhappy with the way staff look after me, they are always happy to help and we have a few laughs together." We received several positive comments from relatives we spoke with. A family member told us, "I visit my [relative] once a week and see the staff talking in a very kind manner to the all residents. I have observed many of the staff really having fun with the residents and engaging well, promoting a normal and homely environment. I witnessed a good working relationship between staff and residents."

At the last inspection in September 2016 we found that people were not always treated with kindness or with respect. At this inspection we found this had improved. We observed staff treated people with kindness and shared a joke with them which we saw was greatly welcomed. One member of staff was observed to spend time encouraging a person to eat, getting down to their level and speaking softly in a kind manner. Care plans contained specific guidance for staff about how to reassure people if they became distressed and strategies to distract people and help them focus on something more positive.

At the last inspection we found that care plans were 'task' orientated and not person centred. At this inspection we found that the manager and staff had worked hard to improve people's plan of care. We saw that information in care plans was detailed and contained a one page profile which set out what was important to the person and how best to successfully support them.

We asked people if staff respected their privacy and their personal space. Most people confirmed that staff were respectful about knocking and waited before being invited into the person's room, although one person said this did not happen always. They said, "They don't always knock on my door but I don't mind." People told us they felt reasonably involved in planning their own care and felt they had a voice. People who used the service had the opportunity to provide feedback on their care at their reviews and in response to feedback surveys which were carried out as part of an annual satisfaction survey.

One person we spoke with told us "The home is good and the staff are helpful and polite and they knock on my door before coming in." Another person told us, "They [staff] are kind and have time for me which is most important, it is a nice place and I like the people and I only have good things to say about the place". A relative told us, "They [staff] look after them well, that's my main concern, I've seen two other homes and this one is better".

Staff knew people well and told us about their history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. We saw that staff used this knowledge to support people. For example, we saw one person had become quiet and disorientated. We observed a staff member approach them in a calm manner, gently putting their arm around their shoulders to comfort them. They established what they needed and then slowly walked them along to their bedroom, which is where they were trying to go. Staff called people by their preferred name

and spoke in a calm and reassuring way.

The registered manager and staff were aware that local advocacy services were available to support people if they required assistance. We saw information that related to such services displayed within the main reception area of the home. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Staff also ensured that people's private information was held securely and demonstrated the importance of maintaining confidentiality. For example, when we reviewed documents as part of our inspection they were taken back to where they were stored which ensured the records remained private.

Good

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. One person told us, "I feel that they all know my routine and just do whatever I ask of them." A family member commented, "The senior staff have been very supportive in what has been a very difficult and stressful time for me and my family as we settled my [relative] into the home".

At the last inspection we found that care plans were not person centred and lacked detail and accurate information that related to people's individual care. We also found that care plans had not been regularly reviewed. At this inspection we found that this had improved. People's care plans had been updated and now contained information about how people needed to be supported. We found that staff had worked hard to complete people's personal histories where possible and a record of people's preferences and choices were now in place. For example when people liked to get up and go to bed was now recorded in all the care plans we reviewed.

At the last inspection we found that people's care records were incomplete and failed to ensure people's fluid intake and pressure relieving equipment was monitored and their hourly checks were recorded. At this inspection we found that this had improved. We checked the records of three people who were looked after in bed and found all these records were up to date, with hourly checks, fluid intake records and equipment checks all correct and reconciled. We also found a copy of additional information was kept in the person bedroom for staff to read. This included their named keyworker, a personal evacuation plan; a copy of their risk assessment and details of their food likes and dislikes. This meant that people were supported to receive adequate amounts of fluid and were checked and monitored at regular intervals in order to maintain their health and welfare.

Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw guidance within care plans which explained how people at risk, should be cared for. We saw that one care plan explained, in detail how the person's skin tear should be managed. This care plan also contained photographs of this persons wound and demonstrated how the skin had improved.

At the last inspection we found that the activities provided did not always reflect people's individual interests and care plans did not always include information about people's hobbies and the type of social activities they enjoyed. At this inspection we found that this had improved. We saw that the weekly timetable for activities had been further developed to include a range of new activities which included more regular trips out, which had been requested by several people in the most recent satisfaction survey. People could also have the opportunity of taking part in knitting sessions, word and picture memory games, movie afternoons and bingo. We saw that a pictorial activity programme was displayed throughout the home.

At the last inspection we found that bathing records were incomplete and we were unable to be assured that people were offered or provided with regular baths or showers. At this inspection we found this had improved. We checked the daily records of five people and found that each person had received a bath or a

shower at least weekly and for three out of four people they had received support with a shower twice a week in the months of April, May and June 2017. One person we spoke with told us that staff often offered them a bath more than once a week but they had declined the offer. They said "I can have as many showers as I like but prefer to shower weekly as I don't think it's good for your skin to wash too often." One visiting relative told us "I come every week, at different times but always find my [family member] clean and presentable."

At the last inspection we found that the environment was not well maintained and was in need of some updating. This included areas of the home that required redecorating. We also found that the environment provided no prompts or aids to assist people who lived with dementia in locating their rooms and other areas of the home. Paint was chipped and the environment had nothing of interest for people to engage with.

At this inspection we found that this had improved. We saw that several areas of the home had been redecorated using 'dementia friendly 'colour schemes' and a large scenic mural had been created within the main communal area of the home. We also found that some of the bedroom doors now displayed photographs of the person, which in turn helped people living with dementia locate their bedrooms.

The registered manager had completed a full audit of people's bedding and soft furnishings and these items had been replaced where necessary. We were invited into three people's bedrooms and found that all three rooms had been redecorated and were now both welcoming and bright.

We saw people also had personal items of memorabilia and pictures which provided an insight into their past lives, interests and history. At the last inspection we found the large conservatory was primarily used for meetings or for staff to carry out their administration work and not freely accessible for people who lived at the home. At this inspection we found that this area had been updated with new furniture that created an additional communal space in which people could socialise and relax.

The registered manager told us they had a complaints procedure in place. One person us, "Depending on the concern I would talk to one of the senior staff or if they were not available I would go straight to the manager. A visitor told us, "We were provided with a 'complaints' leaflet, detailing the procedure, as part of the initial literature the home provided."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found that the management of the service lacked leadership and was not transparent or open. At this inspection we found that the registered manager had worked hard to improve their leadership skills and had become more effective and proactive in improving the running of the home. For example regular staff meetings were now held and we saw from the most recent meeting that these were well attended.

At the last inspection we found audits that were in place failed to identify risks to people's welfare and their safety. At this inspection we found that this was an area that still required further improvement. For example the concerns found as part of this inspection had not been previously identified by the registered manager. This included the auditing of medicines. For example people who had been prescribed and administered anti-psychotic and hypnotic medicines had not had their medicines reviewed in line with NICE guideline (National Institute for clinical excellence) and covert medicines were not being administered in line with the pharmacy guidelines.The medicine audits had not identified either of these issues. We also found that where a person had been identified at being at risk of harm a risk assessment had not always been completed. For example one person's care plan described the person as having 'behaviour that may challenge'. However there was no risk assessment in place or guidance for staff on how to manage this person or control measures recorded that may help pre-empt this person's behaviour from escalating.

We found that some people's liberty remained restricted unlawfully and records that related to Deprivation of Liberty Safeguards [DOLs] and assessments that related to people's Mental Capacity [MCA] required updating.

We spoke with seven staff as part of this inspection and they all agreed that they had found the registered manager more open and visible within the home. For example one staff member told us that "The manager spends more time with the residents now and less time in the office but when they are in the office they are always happy to leave what they are doing and support us." Another staff member told us that "The manager will sometimes join people for lunch or at teatime."

One person who lived at the home said that they had noticed an improvement in the atmosphere of the home. They told us "The managers seem more relaxed these days and the staff smile more." One staff member said, "There have been a lot of staff changes since you last inspected but this has been for the better as now I feel that we have the right staff for the job, who are experienced and want to do their best. It has not always been like that."

People, staff and relatives were more positive about how the service was now run. One relative told us "I feel that we are more involved in [family member's] care now and the home is more welcoming. I think this is partly due to the last CQC report. People's quality of life seems better and also the standard of food is better." We found that the registered manager and senior staff had worked hard to improve the quality monitoring systems within the home. This included further developing the care plans in place, the supervision and training of staff and also consulting and involving the people who lived at Northwood

Nursing home about the service they received.

Relatives also told us that they could visit whenever they wanted and that the registered manager's door was always open to them.

The registered manager had an open door policy and along with the deputy manager, often worked alongside staff. One relative told us, "The manager at Northwood Nursing Home is approachable and was very helpful and accommodating when we were in the initial stages of looking for a suitable care home for my [family member]."

The registered manager said they encouraged staff to challenge bad practice and they promoted a robust whistle blowing policy which staff confirmed. The manager and senior staff ensured practice was monitored and challenged and encouraged the staff to do the same.

At the last inspection we found that staff had not received regular supervision. At this inspection we found that this had improved. We saw that staff were now provided with regular supervision from a member of the management team. This was a forum where staff can discuss any concerns or issues they may have as well as being supported and to receive feedback about their performance.

Staff were clear about their roles and the focus on people who they supported and enabled them to maintain their independence. One staff member told us that, "We are offered lots of training and feel that we are valued and appreciated by the owners, people who live here and relatives." We spoke with a newly appointed member of staff who confirmed that they had been fully inducted into the home before they were left unsupervised. They told us that there was always a senior staff member around to ask for advice or support. They told us that this helped them fit into the home and feel confident in the job they did.

At the last inspection we found that staff had not been recruited in line with the home's recruitment policy or procedure. We found that some staff had been appointed without the necessary communication and literacy skills to support people effectively and safely. At this inspection we found this had improved. The registered manager explained that as part of the interview and selection process all new staff are required to complete a literacy test. For staff where English is not their first language they are also required to attend English language lessons.

People were given the opportunity to have their say about the service they received by completing an annual survey to gather their views. Annual surveys were sent out to people who lived in the service, visitors and other stakeholders. People and visitors told us they felt they were kept informed of important information about the home and had a chance to express their views. We saw the results of the most recent satisfaction audit carried in January 2017. The results were generally positive with people stating they were happy with the staff who supported their relatives but improvements could be made in relation to response times when people required attention or support. There was an action plan in place to address the outcome of the survey.

Statutory notifications had been completed in a timely way and sent to the Care Quality Commission (CQC) as required. Notifications are sent to inform CQC about events or accidents that happen at the home and help us to monitor and or identify trends and take appropriate action.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Due to people's liberty being restricted.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Due to the ineffective systems in place to keep people safe