

Northbrook Homes Limited

# Northbrook Care Home

## 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

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.

### About the service

Northbrook Care Home is a residential care home providing accommodation with personal care for up to 5 people living with a learning disability. At the time of this inspection, 5 people were living at the service. People living in the home have their own bedrooms and there are shared communal spaces, including lounges, a kitchen and a garden area. The building was over 2 floors.

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

#### Right Support

Staff had completed mandatory training to perform their role effectively. Staff were supported through regular supervision. The home was an ordinary house close to other residential and commercial properties, at the heart of the local community. People were supported to eat a balanced diet and were able to choose what they ate. People had access to health care professionals. Care plans were in place for people, which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

#### Right Care

Risk assessments were in place to ensure people received safe care. Medicines were being managed safely. People were protected from the risk of abuse. There were enough staff working at the service to support people safely. The provider had robust staff recruitment practices in place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them. People told us staff were caring and that they treated people with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

#### Right culture

Quality assurance systems were in place to ensure shortfalls could be identified and action taken to ensure people were safe at all times. People were at the heart of what the service did. Relatives and staff told us there was an open and positive culture at the service. People were supported to express their views. 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; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service was Good, published on 25 April 2018.

#### Why we inspected

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

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Northbrook Care Home

## 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Northbrook Care Home Ltd 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. Northbrook Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced and took place on 31 July 2023.

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 reviewed the information we already held about the service and provider. This included their last inspection reports and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager, operations manager, 2 staff, 3 people and 2 relatives. We also observed interaction between staff and people. We reviewed documents and records that related to people's care and the management of the service. We reviewed 3 care plans, which included risk assessments. We also looked at other documents such as medicine management, training, supervision and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- There were risk assessments to ensure people were safe when being supported, such as positive behaviour support plans, which included triggers and measures to support people when they were anxious.
- Risk assessments had also been completed for people with specific health conditions to ensure staff knew how to support people if they were unwell.
- Additional risk assessments included moving and handling, nutrition, personal hygiene and finance.
- Premises and fire safety checks had been carried out to ensure the premises was safe to live in.

### Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records (MARs) showed that medicines had been administered as prescribed.
- Daily and monthly medicine audits were carried out to ensure people received their medicines safely.
- Staff had also been trained in medicines management and had competency assessments to ensure they were competent to manage medicines. We observed the medicines were securely stored.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse and incidents. Staff we spoke with understood their responsibilities to protect people's safety. A safeguarding and whistleblowing policy was in place.
- People told us they were safe. One person told us, "I am ok here." A relative commented, "Definitely, [person] is very safe."

### Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- Incidents had been recorded, investigated with action taken. Incidents were discussed with the staff team to ensure the risk of reoccurrence was minimised.

### Staffing and recruitment

- There were appropriate numbers of staff on duty to support people safely. A staff member told us, "We have enough staff here to support people safely." A relative told us, "They always have enough staff to support [person]."
- We saw staff were available when people wanted them and they responded to people's requests quickly.
- Staff rotas confirmed there were enough staff to support people safely. We observed that staff were

deployed for people that required 1:1 support.

- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

#### 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 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training such as learning disabilities or autism awareness to help perform their roles effectively.
- Staff had completed training in other mandatory areas such as moving and handling, first aid and safeguarding. A staff member commented, "I get good training, it helps like safeguarding, first aid and food safety." A relative told us, "It's been very good. Care is really good, they [staff] assist and help [person] well."
- Regular supervisions and appraisals had been carried out. Staff told us they felt supported. A staff member told us, "[Registered manager] is very good and helpful. She supports me very well."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- One to one reviews were carried out with people regularly to ensure people received support in accordance with their current circumstances. The reviews discussed people's preferences and allowed them to make choices on their daily routines. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans included the level of support people would require with meals or drinks.
- People were included in menu planning and staff asked them what they would like for their meals. A relative told us, "They consult what [person] wants to eat." A staff member commented, "People always have choices all the time with meals. Like some people like curries, we do that for them. Everybody has their own choices."
- People's dietary requirements were included in their care plan and we observed this was accommodated when preparing meals.
- We observed that people were able to eat together or independently if they wished and told us they liked the food. Staff engaged with people and also supported people with their food when needed. A person commented, "I like the food."

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed that people had been supported to access a number of health services to ensure they were in the best of health. Annual reviews of their health were carried out. A health action plan and hospital

plan was in place that recorded how people should be supported with upcoming health appointments.

- People also had access to dental services and oral health care plans were in place. We observed that people had access to dental care products to ensure they were in the best of oral health. Staff had also been trained in oral healthcare.

#### Ensuring consent to care and treatment in line with law and 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- MCA assessments had been completed to determine if people had the capacity to make specific decisions.
- DoLS applications had been made in a timely manner to deprive peoples of their liberty lawfully for their own safety.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "I always ask (for consent), I tell them what I will do even with personal care." Our observations confirmed this.

#### Adapting service, design, decoration to meet people's needs

- The premises and environment met the needs of people who used the service and were accessible.
- There was a spacious communal area with a dining area. There was a garden if people wanted to go outside. People's rooms were decorated according to their preferences. A relative told us, "In terms of what [person] wants to do, they do ask for consent."
- The premises was surrounded by both commercial and housing properties, close to good transport links and many other local amenities.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were caring and kind. A relative told us, "They are caring and kind. The way they interact is good." We observed that staff had a positive relationship with people and spoke to them in a caring way. People were well settled, happy and were able to speak to staff with ease.
- People's cultural and sexuality needs were recorded and information included the support people may require in this area. We observed that ingredients had been bought to make meals in accordance to people's culture and background. People were also supported to ensure their religious beliefs were met.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

Supporting people to express their views and be involved in making decisions about their care

- People or their relatives were involved in decisions about their care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. We observed that people were given choices such as with meals or if they wanted to go out and their decision was respected. Monthly meetings were held with people to support people to express their views and preferences with their care and support. A staff member told us, "We always involve people with decisions when giving support like dressing or going out." A relative told us, "As much as able to, they do involve [person] in decisions."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us that people always had privacy. We observed that people went to their rooms for some private time without being disturbed. A staff member commented, "We make sure they have privacy by closing doors and knocking before going inside their rooms."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently. We observed that people were able to eat their meals and clean their rooms independently. A staff member told us, "We do encourage independence such as cleaning their rooms by themselves or supporting themselves while we supervise."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and included information on how to support people in a number of areas such as personal care, nutrition and activities. Care plans included people's daily routine throughout the day, which was important to them. A staff member told us, "Care plan is very helpful."
- People were placed at the centre of their care plans and it was clear from how the care plans were written that people were involved as much as possible to develop the care plan. Care plans also included that people should be given choices when supporting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported with activities. People's preferences with activities were recorded and there was a weekly activities planner in place with people's preferences, which included outdoor and indoor activities. We observed that people participated in activities at the home. Photos showed that people participated in a number of activities, which included accessing the community. A staff member told us, "We do lots of activities, we go to day centres or we go swimming or go to the local park to do exercise or even movies. We do ball catch or colourings." A relative told us, "They take [person] to day care centres, parks, malls and out to eat."
- People were able to maintain relationships with family and friends. People visited their families and there were no restrictions on visitors coming to the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- Communication plans included if materials such as pictorial exchange cards should be used and how staff should communicate with people when feeling anxious. We observed staff communicated with people well and people responded to staff well.
- The provider used various methods to meet people's communication needs, depending on the particular needs of each individual. Staff understood people's communication needs and had been trained in communication.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. No complaints had been received since the service had registered with us. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place and people's end of life wishes were discussed.

# 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 the last inspection, this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality assurance systems were in place.
- Audits were being carried out on the running of the home such as for infection control, health and safety, and medicine management.
- A monthly quality audit was completed by the management team to ensure the home was safe, which looked at key areas such as care plans and staffing to ensure people received person centred care.
- People and relatives told us the home was well-led and liked living at the home. One person told us, "I like it here." A relative commented, "I have no concerns, everything is good." We observed that the management team had a good relationship with people and staff.
- Staff were clear about their roles and told us the service was well-led. One staff member told us, "I have no concerns, people are safe. I like it here." Another staff member commented, "I wanted to do this job, everyone is nice and the management is good."

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

- The registered manager was aware of their duties in regard to notifications and notified the CQC of incidents such as safeguarding and serious injuries.

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

- There was an effective system to gather people's and staff feedback on the service.
- Systems were in place for the management team to share information and updates with staff. This kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain relative's and staff thoughts about the home. The results were positive. Feedback was sought from people during regular one to one meetings with them.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health and social professionals if people were not well, to ensure people were in the best of health.