

Northfield Care Centre (Thorne) Ltd

Northfield Care Centre

Inspection report

Chace Court
Thorne
Doncaster
South Yorkshire
DN8 4BW

Tel: 01405816042

Date of inspection visit:
29 June 2022

Date of publication:
13 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Northfield Care Service is a care home. The service can accommodate up to 80 people in a purpose-built building across four units and provides personal and nursing care for older people, including people living with dementia. There were 63 people using the service at the time of the inspection.

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

People told us they were happy with the service. Relatives told us they thought their loved ones were safe and well cared for.

Potential risks to people's health and welfare had been assessed and staff were provided with guidance to mitigate the risks. Accidents and incidents were analysed to identify patterns and trends with action taken to prevent them happening again.

The manager worked with the local safeguarding authority when concerns were raised to keep people safe. Care plans contained information about people's choices and preferences, they had been reviewed when people's needs had changed. People's health needs were assessed and reviewed using recognised tools following government guidance.

People received their medicines as prescribed by staff that were trained and competent. People were supported by enough staff who had been recruited safely.

Staff had received training appropriate to their role. Competency checks and supervisions were completed to support staff with their practice and knowledge. The provider had a complaints policy in place, this had been followed when complaints had been received.

Checks and audits had been completed and had been effective in identifying shortfalls. Action had been taken to rectify the shortfalls.

Based on our review of safe and well-led key questions. 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

Rating at last inspection

The last rating for this service was good (published 09 February 2022).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Northfield Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Northfield Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke to nine staff members including the nurses, carers, the care director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a visiting professional and seven relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems designed to safeguard people from the risk of abuse. When concerns had been raised, the provider had worked with other agencies, such as the local authority, to investigate these and protect people from further harm.
- People using the service and their relatives felt they were safely cared for. One relative said, "I think [relative] is safe and we are generally happy with the home."
- Staff received training and had access to policies and procedures for safeguarding. Staff knew what action to take and knew what to do if they had any concerns about someone being abused.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing had been assessed and were monitored.
- Risk assessments included information about how to reduce the risks whilst supporting people to make choices and be as independent as they could safely be. The assessments included personalised details about individual needs and how people wanted to be supported.
- The provider had systems for learning when things went wrong. They recorded, investigated and responded to all accidents, incidents and other adverse events.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff received training and were knowledgeable about the principles of the MCA.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. We saw staff attending to people's needs and responding to requests for help. The staff explained they felt there were enough of them and they

did not feel rushed.

- The provider used a tool to assess staffing requirements based on people's needs. This was regularly reviewed.
- There were appropriate systems for recruiting and selecting staff. These included making checks on their identity, professional registrations, eligibility to work in the United Kingdom and asking for references from previous employers and details of any criminal records from the Disclosure and Barring Service (DBS). All potential staff attended a formal interview where their skills, knowledge and attitude were assessed.
- New staff completed a range of training and an induction where they were supervised and assessed. This meant the provider was able to judge whether they were suitable.

Using medicines safely

- Medicines were administered in a safe and caring way, with action taken when medicine incidents or errors occurred.
- Systems were in place to make sure medicines were used safely.
- Medicine administration records were completed appropriately.
- Protocols were in place for 'as required' medicines

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The providers approach to visiting was in line with government guidance. They were continuing to encourage family members to use regular COVID-19 testing before visiting. Test kits were provided if needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

- Systems and processes to ensure the quality and safety of the service had been strengthened and embedded into practice. A range of audits on all aspects of the service were completed on a regular basis. Staff of all levels were involved in the auditing and checks and worked together to identify where improvements were needed.
- The senior management team were appropriately qualified and experienced. They understood their roles, responsibilities and legal requirements. They kept themselves updated with change in legislation and guidance.
- There was a culture of learning and driving improvements not only at Northfield Care Centre but throughout the providers other services.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found the home to be an inclusive environment. People's views were sought and documented.
 - Annual surveys were circulated to people and staff, to gather their views on the home, care and support provided.
 - People, staff and relatives all gave positive feedback on how the home was managed. One relative said, "The managers and the nurses are all on the ball. They will help with anything we ask of them."
- People using the service and their family were involved in making decisions about their care.
- Staff told us they were involved in regular meetings and they thought their views were valued and resulted in changes.

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 provider was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong

Working in partnership with others

- The staff worked in partnership with other health and social care professionals, including GPs, district nurses and dieticians.
- We received positive feedback from professionals who were regularly in the home. One said, "They follow

advice, they are good at keeping professionals informed of changes to people's needs and I feel confident in them."