

Northway House Residential Home Limited

# Northway House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Northway House Residential Home is a residential care home. It is registered to provide care and accommodation to up to 29 people. The home specialises in the care of older people. At the time of the inspection there were 17 people living at the home.

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

People could not be confident that the provider had effective systems to monitor standards of care and safety. The recruitment of new staff was not robust. Systems to assess and monitor safety and quality were not always effective in ensuring improvements.

There was no registered manager at the home. An acting manager was in post who had ensured that the standard of people's day to day care was maintained. However, there was a lack of oversight from the provider to make sure all aspects of the service were monitored.

People were happy with the care they received and felt safe at the home. People told us, and we saw, that staff were kind and patient when they supported them. There were enough staff to keep people safe.

People lived in a home where infection prevention and control processes helped to minimise the risks to people. The staff followed government guidelines in respect of COVID-19 which helped to keep people safe.

People received personalised care and support because staff had access to individualised care plans which set out people's needs and wishes. Staff knew people well and how they liked to be assisted.

The staff worked with other professionals to ensure people's healthcare needs, including end of life care needs, were met.

People were able to make choices about their day to day lives and follow their own routines. People told us they enjoyed the company of staff and other people. There was no dedicated activity worker and limited social stimulation for people who were unable to occupy themselves. The acting manager was addressing this issue.

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 this service was good. (Report published December 2018.)

### Why we inspected

This was a focussed inspection based on the intelligence held by the Care Quality Commission.

This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led.

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 ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

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

We have identified two breaches of regulation in relation to fit and proper persons employed and good governance at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northway House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Northway House Residential 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 Care Act 2014.

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

This inspection was carried out by one inspector.

#### Service and service type

Northway House Residential Home 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.

The service did not have a manager registered with the Care Quality Commission. Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at the information we had received from and about the service since the last inspection.

We contacted the local authority for feedback regarding the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who lived at the home. We also spoke with six members of staff which included the acting manager, head of care and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records which included three care and support plans, four staff recruitment files, quality assurance audits, a sample of medication administration records and the home's action plan.



# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People could not be confident that staff were safely recruited. Staff files we looked at did not give evidence that safe recruitment practices had been followed. One staff file did not contain any references, two only contained one reference although two referees had been provided. One did not contain a full employment history. This meant there was limited information about staff conduct in previous employment which could potentially place people at risk. Only one file showed a Disclosure and Barring Service check had been completed. The acting manager gave assurances that all staff had undergone a Disclosure and Barring Service check, and these had been viewed on-line.

The lack of a robust recruitment process potentially places people at risk of receiving unsafe care. This is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient numbers of staff to keep people safe. During the inspection we saw people received the support they needed to meet their physical needs in a timely way. Staff told us they usually had enough staff to meet people's needs and management always helped out when needed.
- People had access to call bells to enable them to ask for support when they required it. On the day of the inspection call bells were answered promptly.

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

- People felt safe at the home and with the staff who supported them. One person said, "Staff make you feel safe. It's nice knowing there's always someone here."
- People looked comfortable and relaxed with staff. Many enjoyed good humoured banter. One person told us, "Staff are very friendly. I like a laugh and joke with them."
- People were supported by staff who knew how to recognise and report abuse. All staff spoken with said they were confident that any concerns reported would be taken seriously to keep people safe.

### Assessing risk, safety monitoring and management

- Risk assessments were carried out to help to ensure people received care and support in the safest way. The quality of information in risk assessments was variable. This meant staff did not always have the

information they needed to promote people's safety.

- Some people had risk assessments which were detailed and helped to keep them safe. One person had a comprehensive risk assessment regarding their wish to go out without staff supervision. There were clear instructions for staff to help to keep the person safe.
- Some risk assessments were not comprehensive. For example, one person had been assessed as being at high risk of damage to their skin. This person was being cared for in bed and we saw that pressure relieving equipment was in place. However, there were no clear guidelines for staff to follow regarding other measures, such as helping them to re position. Staff asked were not clear about how often they should be helping the person to change position. The head of care gave assurances that this would be addressed.
- People could not be totally confident that risks relating to equipment and the environment were well managed. The fire risk assessment for the home stated fire alarms should be tested weekly but records showed these were being tested on a monthly basis. Mobile lifting equipment had not been serviced by outside contractors at the required intervals. The acting manager arranged for this to be carried out the following week.

#### Using medicines safely

- People received their medicines safely from senior staff who had received training to carry out the task. Staff said they received medication training and had their competency checked annually to make sure their practice remained safe.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. We saw people were asked when they wanted these medicines and staff respected people's wishes. This helped to make sure people received medicines to alleviate pain or discomfort.
- Some people had creams and lotions prescribed which were administered by care staff as part of their personal care. There were pictorial instructions for where these creams should be applied but records relating to their application were not well completed. This meant that the effectiveness of these could not be monitored. On the second day of the inspection a new system had been put in place to make sure prescribed creams were recorded when administered.

#### 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 somewhat assured that the provider's infection prevention and control policy was up to date. The policy was being up-dated at the time of the inspection.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Lessons were learnt and changes made in response to concerns raised. For example, a new procedure had



been put in place to improve recording when people moved in or out of the home.

- Incidents and accidents were recorded and audited. There was a comprehensive system for auditing falls which included seeking medical support for individuals and looking for patterns and trends for when falls occurred. This helped to ensure that changes could be made to prevent re-occurrence.

# 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 the same. This meant people's needs were met through good organisation and delivery.

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

- Staff said they promoted a family type atmosphere. People told us they enjoyed the company of staff and other people who lived at the home. One person said, "I'm a natural mixer. I like having people to chat to." Another person told us, "I've made friends here. The company is nice."
- Staff supported people to keep in touch with friends and family. During the inspection we saw staff taking the phone to people so they could chat with family members. Some people told us they continued to go out with family.
- People followed their own interests but there was limited social stimulation for people who were unable to occupy themselves. The acting manager had identified this as an issue and had been trying to recruit an activity worker, but this had been unsuccessful. They told us that because they had not been able to recruit, they were planning to increase care staff hours to enable staff to spend more social time with people.

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

- People received care which was personalised to their individual needs and wishes. Staff knew people well and care plans gave information about people's specific needs.
- People told us they could make choices about all aspects of their day to day lives. One person told us, "You can please yourself. It's all very good." Another person said, "You just have to say what you want, and they will help you."
- People were able to follow their own routines and staff fitted care around the individual. One member of staff said, "This is a place where people can do whatever they want. There are no rules." Another member of staff told us, "Everything is people's choice. We just fit in around them."

End of life care and support

- Staff and district nursing teams supported people when they required end of life care. The staff ensured that medical professionals were aware of people's needs and wishes. They also made sure appropriate medication was available to maintain people's comfort and dignity. At the time of the inspection one person was being cared for in bed. They looked warm and comfortable.
- People felt confident they would be well cared for at the end of their life. One person told us, "Coming here was a good move. I would be happy to stay here till the end. I know they would look after me."

### 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.

- Care plans contained information about people's communication needs. Staff knew people well and were able to effectively communicate with them.
- There was some signage in the home to support people to move around independently. The action plan for the home stated they were planning to introduce a pictorial menu to help people to make meal choices. However, this had not yet been introduced and there was no menu on display in the home. Although people were asked for their meal choices each morning some people were unable to remember what the meal was.

### Improving care quality in response to complaints or concerns

- The acting manager said they welcomed complaints to help them to make improvements. No complaints had been made. However, the acting manager told us they had used some issues raised to carry out supervision with staff and to make changes where necessary.
- People felt comfortable to raise concerns and complaints. One person said, "I would complain. If you don't complain things don't get better." Another person said, "I would tell someone if I wasn't happy. They would sort it out I'm sure."

# 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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager at the home at the time of the inspection. The last registered manager left in July and an acting manager had been appointed to oversee the day to day running of the home. The acting manager and head of care had worked hard to maintain standards of care for people but there was a lack of oversight by the provider. Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The provider did not have fully effective systems in place to monitor quality and plan ongoing improvements. There was a series of audits which were required to be carried out at regular specified intervals. However, these were not always being carried out in accordance with the timetable. For example, the monthly medication audit had not been carried out since July 2021. Other audits which were due to be completed in October had not been carried out. This meant standards of care and safety were not being regularly monitored.
- Risks to people were not always minimised because health and safety checks were not always carried out in a timely way. For example, the fire risk assessment stated that fire alarms should be tested weekly, but records showed this was being carried out on a monthly basis. Also lifting equipment had not been serviced when due. The acting manager took action to have lifting equipment serviced the week following the inspection. The safety of bedrails, when used, were not being routinely checked. This potentially placed people at risk.
- People lived in a home where areas for improvement were identified but not always actioned and monitored. For example, the action plan had identified that a system needed to be in place for the recording of prescribed topical creams. A system had been put in place and was checked after the first week of introduction in March 2021. No further checks had been carried out and we found that comprehensive records were still not being kept. This meant that the effectiveness of topical creams could not be monitored. A revised system of recording was put in place during the inspection.

We found no evidence that people had been harmed however, the lack of effective systems to assess, monitor and improve the quality and safety of the service potentially placed people at risk. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some identified shortfalls had been addressed and had led to improvements for people. For example, there had been no system to analyse falls. A system had been put in place and monthly analysis was taking place. The analysis had led to people being referred to healthcare professionals for additional support including medication reviews. A system for recording people's weights had also led to people being referred to specialists where appropriate.

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

- Staff worked in a person-centred way which enabled people to follow their own routines. People told us, and we saw, that they were able to make choices about their daily lives.
- People were happy with the care and support they received. One person told us, "They treat me well. I have no complaints." Another person told us, "I am happy here. The care is very good."
- People were cared for by staff who were happy in their jobs and well-motivated. This led to a relaxed atmosphere for people to live in. A number of people praised the staff who cared for them and said they were, "Cheerful and friendly." Throughout the day we saw staff treating people as individuals and meeting their needs in a caring manner.
- The acting manager had a good knowledge of the people who lived at the home. They spent time chatting to people to monitor their well-being and satisfaction.
- People and staff said the acting manager was open, approachable and supportive. One person said, "[Acting manager's name] is in charge. You can talk to her." A member of staff told us, "Any concerns you can go to [acting manager and head of care names.] They are very supportive."
- The acting manager was aware of their legal responsibilities to notify the Care Quality Commission and other appropriate agencies of significant incidents or allegations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The acting manager and head of care were very visible in the home and spent time talking to people and gauging their views. This enabled people to be consulted and involved in decisions about the home.
- During the pandemic staff had helped people keep in touch with their loved ones and communicated with them about things going on in the home. In accordance with government guidelines the staff had welcomed visitors back to the home.
- The staff worked in partnership with other professionals to make sure people's needs were met. This included a weekly multi-disciplinary meeting where people's care needs could be discussed with relevant healthcare professionals.
- Where people had specific needs, the staff worked with relevant professionals, such as mental health professionals and speech and language therapists. They sought advice when needed and planned care to support people's independence and well-being.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to assess, monitor and improve the quality and safety of the service were not robust which potentially placed people at risk.</p> <p>Regulation 17 (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Staff recruitment processes were not robust and placed people at risk.</p> <p>Regulation 19 (1) (2) (3 ).</p>