

Caritas Services Limited

Northenden House

Inspection report

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Sale
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Northenden House is a care home providing nursing and personal care to five people who had a learning disability and/or autism, a physical disability and mental health needs at the time of the inspection.

Northenden House can accommodate up to six people in one, purpose built, building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were protected from abuse and the staff knew how to protect people from harm. There were enough staff to support people. Medication records were not robust and the provider could not check people had received their medicines as their doctor had prescribed. We shared our concerns with the provider and they immediately took action to improve how staff recorded medicines.

The service was not consistently well-led. Although there was a registered manager employed, they were not working in the home at the time of our inspection. The systems to oversee the management of the home and to assess the quality of the service had not identified issues where the service could be improved and ensured they were addressed promptly.

We have made a recommendation about assessing and monitoring the quality of the service.

The staff were skilled and competent to provide people's care. Appropriate specialist services had been included in assessing people's needs and planning their care. People enjoyed the meals provided and staff supported people to make healthy eating choices.

The staff understood the principles of the Mental Capacity Act 2005 and people's rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The staff treated people in a kind and caring way. People were supported to gain skills and independence. The staff knew how people communicated and gave them information to make choices in a way they could understand. The staff respected the decisions people made about their lives and support.

People and those who knew them well were included in planning their support. The staff supported people to follow activities they enjoyed in the home and in the local community. People were able to see their friends and families and to maintain relationships that were important to them. The provider had a procedure for responding to complaints about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: This service was registered with us on 17 May 2018 and this is the first inspection.

Why we inspected: This was the service's first planned inspection.

Follow up: We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Northenden House

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Although the service had a manager registered with the Care Quality Commission the registered manager was not working in the home when we inspected. The registered manager of another of the provider's homes and one of the provider's senior managers were overseeing the management of the service. A registered manager is legally responsible, with the provider, for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before we inspected we reviewed the information we held about the home, including notifications of significant incidents the registered manager had sent to us. We also contacted the local authority commissioning and safeguarding teams for their views of the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service, four members of the care team, one ancillary staff member, the nominated individual and the provider's clinical lead nurse. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at four people's care records, staff training records, two people's medicines, audits and other records related to the management of the service.

After the inspection

Following our inspection visit we contacted one person's relative and two local authority commissioning teams to gather their views of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely; Learning lessons when things go wrong

- The staff did not keep accurate records of some medicines they had given to people and people were at risk of not receiving their medicines safely or as their doctors had prescribed. One person was prescribed a medicine to be given 'as required'. The instructions on the medicine stated it should not be given more than a specified number of times in any 24-hour period. The staff had not recorded in the medication administration records when they had given the person each dose of the medicine. We counted the tablets remaining and found more tablets had been given than were prescribed to be taken in a 24-hour period. This meant the person could have been given more of the medicine in a day than their doctor had prescribed.
- Where medicines were in tablet form the staff had not recorded how many tablets were held for people. This meant they could not check people had been given their medicines as their doctors had prescribed.
- The provider immediately carried out their own check on medicines and medicine records. They took action to improve how staff recorded medicines they had given to people. This showed the provider learnt from incidents to improve the safety of the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People were comfortable and confident around the staff working in the home. All the staff we spoke with told us they were confident people were protected from abuse. The staff knew how to identify and report any concerns and said they would do so.

Assessing risk, safety monitoring and management

- The staff had identified hazards to people's safety and there was written guidance for staff on how to manage and reduce risk. The staff had a good understanding of how people may be at risk and the actions to take to ensure their safety.

Staffing and recruitment

- There were enough staff to support people and to ensure their safety. The home provided nursing care and the care staff were supported by a registered nurse. We saw the staff had time to spend with people because there were enough staff on duty in the home.
- The provider carried out checks on new staff to ensure they were suitable to work in the home. The home used agency staff to cover some shifts. The provider requested the same agency staff to work in the home, so they knew people well and how to support them.

Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and there were no unpleasant odours. Staff were trained in infection control and handling food safely.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider assessed people's needs and staff worked with appropriate agencies to ensure people received effective, timely care. The staff reviewed people's needs assessments regularly to assess if the support remained appropriate and provided positive outcomes for people.
- People had complex needs and appropriate specialist services had been included in assessing and planning their care.

Staff support: induction, training, skills and experience

- The staff were skilled and competent to provide people's care and to promote positive outcomes for people. A relative we spoke with told us the staff were "very good". They said their relative experienced an improved quality of life since moving to the home because the staff were skilled to support them.
- Most of the staff we spoke with told us they had completed training in how to support people. They told us this included training to meet people's specific needs. This was reflected in training records we looked at.
- One staff member told us they were aware they needed to complete some required training. They said senior managers in the organisation were supporting them to complete the training.

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

- People were given a choice of meals and we saw people enjoyed the meals provided during our inspection. The staff were aware of how to support people to make healthy choices about the meals and drinks they had. People who wished to be were included in preparing their meals.

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

- The home had been purpose built as a care home. It was modern in design and provided people with suitable accommodation to meet their needs. People were included in choosing how they wanted their rooms to be decorated and furnished. People had their own bedrooms and there were enough shared spaces to meet people's needs.

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

- The staff worked with other services to ensure people were supported to maintain good health. People were supported by a range of local and specialist health services. People received the support they required to arrange and attend healthcare appointments.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights under the MCA were respected. The staff knew people well and knew how people showed if they agreed to their care. The staff respected the decisions people made about their care.
- Where people needed restrictions on their liberty, to ensure their safety, the provider had applied to the local authority for appropriate authorisation under DoLS.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- The staff treated people in a kind and caring way. They knew people well and addressed people by their preferred names. One person was going out to an activity with the staff. We saw they embraced the staff, showing they were looking forward to sharing the activity with them.
- The provider had gathered information about people's cultural, physical and psychological needs. The staff provided support to take into account people's needs, culture and choices.

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

- The staff knew how people communicated and gave people information to make choices in a way they could understand. The staff respected the choices people made about their support and lives.

Respecting and promoting people's privacy, dignity and independence

- The staff treated people with respect and protected their privacy and dignity. They spoke to and about people in a respectful way. The staff knocked on doors to private areas before entering and respected people's right to choose where they spent their time and if they wished to spend time on their own.
- The staff encouraged people to carry out tasks themselves and to gain independence and daily living skills, such as helping to prepare their meals.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People who used the service and those who knew them well had been included in planning their care. The staff knew what was important to people and provided their care to take account of their needs, wishes and choices. The staff planned and provided care to meet people's needs.

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.

- The staff had gathered information about how people communicated and gave people time and support to express their views and wishes. The staff gave people information in formats that were appropriate to their preferences and needs around communicating. The staff shared information about how people communicated and the support they needed to understand information with other services that supported 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

- The staff supported people to follow a range of activities in the home and local community. People's care records included information about the activities they enjoyed. As we arrived at the home we saw one person was being supported by staff to follow an activity in the local community. Other people were following activities of their choice in the home, supported by the staff.
- The staff knew the relationships that were important to people. People's relatives were welcome to visit them in the home. People were supported to maintain relationships that were important to them.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. The complaints procedure was displayed in the home. The provider had developed a pictorial version of the complaints procedure to make it more accessible for people who used the service.
- The provider had received two complaints which they were looking at under their complaints procedure. We saw actions the provider had taken in response to one complaint. The provider told us they were monitoring the impact of the actions taken to check if these had resolved the issues raised. The provider had offered to meet with the person who had raised the second complaint to try to resolve the issues raised.

End of life care and support

- At the time of our inspection there was no one in the service who required support at the end of their life. The provider had links with appropriate services that could support people if they required end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of safe, high-quality care.

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

- The provider did not have arrangements in place to ensure the service was consistently well managed. Although there was a registered manager employed, they were not working in the home at the time we inspected. The management of the service was being overseen by senior managers within the organisation.
- At our inspection we identified issues with how medicines were recorded. The systems for monitoring the service had not ensured these issues were identified promptly.

We recommend the provider seeks advice about best practice in relation to assessing and monitoring the quality of the service.

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

- The staff provided people with good care and placed people at the centre of the service. We saw people enjoyed laughing and joking with the staff. The staff were committed to providing people with person-centred care that took account of their preferences and promoted 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

- The provider was aware of his responsibilities under the duty of candour. They had notified us of significant incidents which had occurred in the home, as required. The notifications received showed the provider had been open when incidents happened and had met their obligations under the duty of candour.

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

- People were asked for their views and included in decisions about how their support was provided. The staff knew how people communicated and gave them choices and information in ways that took account of their needs and communication preferences. People received individualised care that took account of their preferences because the staff included them in how their support was provided.
- People who lived in the home, their families and other services that supported people were included in meetings to review their care and to share their views of the support provided.

Working in partnership with others

- The provider worked with other agencies to ensure people received care to meet their needs. Staff in the home contacted other services, including specialist services that supported people, as people's needs changed. This helped to ensure people continued to receive the support they required.