

Dr Ramnath Narayan & Mr Harbhajan Surdhar

Northcourt Lodge Nursing

Home

Inspection report

65 Northcourt Avenue
Reading
Berkshire
RG2 7HF

Tel: 01189875062
Website: www.excellentcarehomes.co.uk

Date of inspection visit:
06 September 2017

Date of publication:
03 October 2017

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

This was an unannounced inspection which took place on 6 September 2017.

Northcourt Lodge Nursing Home is registered to provide a service for up to 22 older people. Some people are living with conditions associated with growing older such as various types and degrees of dementia and physical difficulties. There were 20 people living in the home on the day of the visit, one person was in hospital. The service offered ground and first floor accommodation in individual bedrooms. The first floor accommodation was accessed via a lift. The service has limited space to provide shared areas for people to socialise and interact with each other. However, the shared accommodation currently meets people's needs and choices. The gardens are spacious, well-kept and enjoyed by people.

At the last inspection, on 14 July 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

There is a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

Staff continued to ensure they kept people and themselves as safe as possible. The staff team remained aware of how to provide a safe and secure environment because their knowledge and training was regularly up-dated. People were protected from any form of abuse or poor practice and any risks were identified and managed to keep people as safe as possible. Staffing ratios continued to meet people's needs safely. Recruitment procedures were followed to ensure appointees were suitable and safe to work with people. People's medicines continued to be administered safely.

The staff team continued to respond very effectively to people's current and changing needs. The staff team knew people and their needs very well and responded quickly to any changes or issues. People's health and well-being needs were met in a timely way and the advice and assistance of outside professionals was sought and followed, as necessary.

People continued to be supported to have maximum choice and control of their lives. Staff offered them care in the least restrictive way possible, the policies and systems in the service supported this practice.

The staff team remained kind, caring and committed to caring for people. They remained knowledgeable about people's individual needs and respected people's equality and diversity needs.

People continued to receive very good care from a well led and organised service. The registered manager

was experienced and qualified and listened and responded to people, staff and others. The registered manager and the senior staff team were described as open, approachable and supportive.

The service kept good quality and well organised records and ensured they reviewed the quality of the service. They made changes, if necessary, to improve the quality of care they offered and people's individual quality of life, if possible.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Northcourt Lodge 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 6 September 2017. It was completed by one inspector.

Before the inspection the provider sent us their provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us and the previous inspection report completed in July 2015. A notification is information about important events which the service is required to tell us about by law.

We looked at five care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at some records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with nine of the 20 people who live in the home. We observed how staff provided care throughout the inspection visit. We spoke with five staff members, the registered manager, and four relatives of people who live in the home. Additionally the operations director and provider were available to speak with for part of the day. We received written comments from some families and four professionals after the inspection visit.

Is the service safe?

Our findings

People told us they felt, "Very safe". One person told us, "I feel very safe and would be very confident to approach [name of registered manager] or any staff member if I didn't." The other eight people we spoke with agreed with this view. A family member told us they were confident their relative was safe. Another said, "My [relative] is absolutely safe, I wouldn't leave them here otherwise." Further relative comments included, "I am very confident that people are as safe as they can be and are certainly well treated." "In all of our visits in what's now nearly two years we have never seen anything that would give the slightest cause for concern." Two local authority representatives told us they had no concerns about the service. One professional told us, "Yes I am confident that people are safe and being well treated."

Staff continued to be trained to protect people from abuse or poor practice and were able to explain what action they would take in the event of identifying a safeguarding concern. Staff were confident the registered manager and/or extended management team would listen and take action to ensure people's safety. The staff team had completed a safeguarding project, since the last inspection, to ensure they remained aware and alert to any safeguarding issues. There had been one safeguarding concern in the past year. This had been appropriately reported and dealt with.

People who lived, worked in or visited the service were kept as safe from harm as possible. Staff were trained in and followed the service's health and safety policies and procedures. They had plans to follow in the event of foreseeable emergencies. General health and safety and individual risk assessments were in place. Generic risk assessments included water temperatures, ironing clothes and use of garden and had been reviewed in January 2017. Health and safety and maintenance checks were completed at the required intervals. Individual risk assessments included areas such as behaviour, nutrition and skin viability.

People's safety was further enhanced because the registered manager audited accidents and incidents every three months to identify any patterns or similarities. Individual and general actions were taken, if necessary, as a result of accident and incident reports. These actions included reviewing individual care plans and generic risk assessments, additional training, team discussions and individual supervisions, as appropriate.

People's medicine continued to be given to them safely by appropriately trained and qualified staff. Medicines were ordered, stored and disposed of safely. An external pharmacist had completed an audit of the medicine procedures in the service in November 2016. Whilst they had made some comments they noted a follow up visit was not necessary. Two medication errors had been dealt with appropriately and action had been taken to minimise the risk of recurrence.

People continued to be supported by staff who were safely recruited and there were enough staff on duty to ensure people were cared for safely. Prospective staff underwent all the required checks including making sure they didn't have any record of reasons why they would not be safe to work with vulnerable people. The minimum staffing levels were five care staff in the morning and four in the afternoon with two waking night staff. Care staff were supported by domestic and management staff. Staffing ratios were checked monthly

using a service user dependency profile. Some staff told us the workload could be very heavy but people's safety and comfort was priority and always took precedence over other tasks.

Is the service effective?

Our findings

People continued to receive effective care from a skilled and knowledgeable staff team. Staff were trained to meet people's individual needs. Staff told us they received good opportunities for training and were given special additional training to meet people's diverse needs. We were given examples of dementia, wound care and falls prevention training being provided as necessary. Ten of the 17 staff members had a relevant health and/or social care qualification. Care staff felt they were well supported by the management team. They received regular one to one supervision and an annual appraisal. Supervisions included direct observations of staff providing care (with people's permission) and people's views on staff's performance.

Plans of care ensured staff were provided with enough information to enable them to meet people's specific needs. Referrals were made, in a timely way, to other health and well-being professionals such as the GP. A health professional told us, "...the nursing staff have always discussed a plan with me and have acted on it immediately." A relative told us, "...all health needs have always been looked after carefully." Another said, "[Family member] has improved physically [since being here] and is now eating and drinking properly." People told us they were, "Very well looked after." Detailed health records were kept and showed referrals and follow up appointments were made as necessary.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are 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 people of their liberty were being met. If people lacked capacity the registered manager applied to the local authority for a DoLS authorisation, as appropriate. Two DoLS applications were currently awaiting authorisation. Fifteen of the twenty people who lived in the service had capacity and were supported to make as many decisions and choices as they could.

The service did not, usually, provide a service for people whose behaviour may cause distress to themselves or others. However, if people developed anxiety and/or confusion the service sought support from other professionals and developed appropriate behavioural plans.

People were involved in menu planning and supported to choose their meals. People told us the food was, "Very good." One person described how they (several people) had asked for a dish they hadn't had for a long time and the cook responded immediately. She prepared the requested dish which people really enjoyed. People said they can ask for anything (food) and it appears.

Staff continued to meet any specialised nutritional needs which were included in care plans along with advice from the appropriate professionals. Records of food and fluid intake were kept, as required.

The environment was hygienic and homely and met people's needs. However some families felt that small repairs took too long to effect and some staff felt machinery also took time to repair. The registered manager told us this was improving and that all repairs were now completed.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us the staff team were, "Very compassionate". They described how supportive and kind staff had been when their relative died. Another person clearly expressed the feelings of the people we spoke with when they said, "The staff and nurses are gentle when they help us, and they are kindness itself." Additionally people variously described the service as, "A lovely place to live", "A wonderful place to live" and "An outstanding place to live." A professional commented, "I have seen nothing but kindness and caring from all of the staff I have met there."

People were respected by a staff team who knew them well. The team had a core of staff who had worked in the home for long periods of time, seven staff had worked in the service for over ten years and five for over five years. People told us they knew the staff well and were always treated with respect. Throughout the duration of the visit we saw people and staff communicating with each other in a respectful and positive way. People and staff used humour and appropriate 'banter' and spent much of the time laughing and joking with each other. People also communicated amongst themselves and helped each other to ask for assistance or attention. We noted how relaxed and comfortable people were in the presence of staff and the registered manager.

People continued to be supported to maintain their dignity and privacy. Staff were able to describe how they made sure people were given their privacy and their dignity was protected in their daily living experiences and their preferred routines. People told us staff always respected their privacy and dignity and made them feel comfortable whatever intimate tasks they were being helped with. A relative commented, "We can honestly say that we have never seen any of the residents treated other than with respect and dignity which is not always easy." A professional said, "... Northcourt Lodge has signed up to the Council Dignity in Care Charter and meets the standards we require around Dignity in Care."

People's needs with regard to equality and diversity were understood and met by the staff team. Each person's diverse lifestyle choices, physical, emotional and spiritual needs were identified in care plans which enabled staff to meet them in the way that suited the individual.

Is the service responsive?

Our findings

The staff team continued to be extremely responsive to the needs and wishes of the people in their care. People told us that staff always responded quickly if they needed anything. They said the call bells were answered quickly, even in the middle of the night. People told us how quickly the cook responded to requests for 'something different' and said that all staff, "Always listen to us and respond."

People's care plans were person centred and described their individual needs, preferred routines and any special needs they had. Care plan reviews continued to take place regularly a minimum of monthly and whenever people's needs changed. People and their relatives or representatives were regularly involved in planning and reviewing their care if they wanted to be and as was appropriate.

People continued to be supported to maintain relationships with their families and people who were important to them. People told us, "All families are very welcome here and this means we have lots of visitors coming and going." A relative said, "Staff always phone to up-date us about any medical issues or any other concerns." Another said, "They always make us welcome." A further comment from a relative was, "...in fact quite often when we enter the premises someone will come and find us to let us know about any events that have occurred concerning [family member] and or their health."

People continued to choose the activities they wished to participate in. People told us they had plenty of things to do and often did activities they enjoyed. They said they particularly liked the 'special occasions' such as the summer garden party and other seasonal events. Some people told us they preferred to amuse themselves but could always join in with the communal activities, such as bingo if they chose to. The service had photographic records of activities and events people participated in.

The service continued to view complaints as a positive way of improving the service. People new how to make a complaint but they said they had no complaints to make. They told us if they had any concerns all staff would listen and put things right as quickly as possible. A relative told us, "We have nothing negative to say, but we know they'd listen if we had any concerns."

The service had received ten complaints and 19 compliments since the last inspection. Complaints were predominantly about laundering and misplaced clothing and items which were later located. The service dealt appropriately with any complaints. Compliments included comments posted on an independent website. They included, "My mother has been looked after with the highest degree of care and professionalism. She is very well supported in all ways and staff are so friendly and understanding..." and, "My mother has been in this home for [number] of years. The staff at this home has been excellent...I can't speak highly enough and can't thank them enough for taking such good care of my mum." Other comments compared the excellent care people received in North court Lodge to less than excellent care received in other services.

Is the service well-led?

Our findings

The registered manager continued to ensure the service was well-led. She had been in post since May 2011. People commented the registered manager was, "Approachable and easy to talk to." Staff told us, "Management are open and we can always approach them. We all work as a team, including senior staff who aren't afraid to 'muck in' if they're needed." Another staff member told us the registered manager was flexible and ensured diversity was valued amongst the staff team as well as people who live in the home. They put this in the context of being family friendly and welcoming staff from a variety of cultural backgrounds.

People told us their views and opinions, along with those of their families and friends continued to be listened to and valued. Resident's meetings were held a minimum of six monthly and relatives told us family meetings (which people attended if they chose to) were held approximately every two months. They said the registered manager specifically asked if there were any issues or areas for improvement. One relative told us they and their family member were always comfortable and felt encouraged to put forward their views. People's families, friends or advocates and other interested parties were asked for their views, via an annual formal questionnaire and collected informally when contact was made with the service.

Staff told us their views were listened to and they felt they were valued by the management team. Staff meetings were held regularly and minutes were kept. They included the discussion of policies, people and were additionally used for training activities.

People remained very happy with the quality of care they received at Northcourt Lodge Nursing Home. Comments included, "It really is excellent care" and "This home should definitely be rated outstanding." The service monitored and assessed the quality of care offered to make sure people received the best standard of care possible. There were a variety of auditing and monitoring systems in place. Examples included a self-assessment monitoring tool completed by the registered manager, health and safety audits and an annual inspection and action plan completed by the operations director.

A number of actions had been taken as a result of listening to people and the various quality assurance systems. They included developing a new computerised care planning and recording system, increasing outside activities for people and inviting outside activities into the home (such as music and exercise). Various training initiatives had been taken for example the use of a 'Dignity in Care' game and developing a safeguarding tree. Additionally the registered manager had set objectives to benefit the service as part of the leadership programme for management she was undertaking.

Records continued to reflect people's individual needs and supported staff to offer good quality care. Records relating to other aspects of the running of the home such as audits and staffing records were readily available and well-kept. The registered manager understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales.