

Northwick Grange Limited

# Northwick Grange

## Inspection report

19 Old Northwick Lane  
Worcester  
Worcestershire  
WR3 7NB

Tel: 01905453916

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23 July 2019

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02 August 2019

## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Northwick Grange is a residential care home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. The service can support up to 30 people in one adapted building.

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

- Staff understood risks to people's safety and supported them to stay as safe as possible.
- There were enough staff to care for people at times people wanted assistance.
- People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.
- The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- Staff spoke affectionately about the people they cared for. People were confident to request support and reassurance from staff when they wanted this, and staff took time to provide this in the ways people preferred.
- People told us staff respected their rights to make their own decisions about their lives and care. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.
- Staff had received training and developed the skills they needed to care for people, through induction and on-going training. People told us staff knew how to help them and knew what to do if they suspected anyone was at risk of harm.
- People had good access to other health and social care professionals and staff followed any advice given.
- 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.
- People enjoyed living at the home and were complimentary about the way it was managed.
- People, relatives and staff told us they saw the provider and registered manager regularly and found them approachable.
- Staff ensured people had opportunities to do things which they enjoyed, and people were supported to keep in touch with others and religious practices that were important to them.
- The views of people, relatives and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met, and based on people's preferences.
- Procedures were in place to take any learning from complaints and to further improve people's care.
- People's wishes for their care at the end of their lives had been planned and the views of their relatives considered.
- The registered manager and provider checked the quality of the care provided and encouraged suggestions from people and staff to improve people's care further.
- The registered manager kept up to date with best practice developments, so they could develop the care provided further

Rating at last inspection.

The last rating for this service was Good [the report was published 01 February 2017].

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

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

## 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.

# Northwick Grange

## **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

This inspection was conducted by one inspector.

### Service and service type

Northwick Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

This inspection was unannounced. Inspection activity started on and ended on 23 July 2019

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 five people who used the service and two relatives. In addition, we spoke with two members of the care staff team, a team leader/senior, the maintenance person, chef, the registered manager, a supporting registered manager [from another of the provider's services] and the Operations Director. We sampled care documentation for two people using the service and medicine records. We also looked at three staff files, staff training and monitoring of staffs caring practices along with other documents related to the management of the service. These included records associated with quality checks audits and staff duty rotas.

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.

# 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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and discrimination.
- People told us they felt safe and were satisfied with the care and support they received. For instance, one person said, "They [the staff] are all really lovely and kind. I can't fault them"
- Staff understood their responsibilities to protect people from avoidable harm or abuse. Procedures supported staff to report any concerns.
- Relatives had no concerns about the safety of their family members. For instance, one relative told us, "The staff are all excellent [person's name] is treated really well. They [the staff] are like family we trust them all. Whenever we visit they [staff] are always the same - very caring."

Assessing risk, safety monitoring and management

- People could take part in activities of their choosing, maintain their independence and receive care and support safely because detailed risk assessments were carried out.
- Measures were put in place to minimise identified risks to people. For example, one person required some assistance from staff when using equipment, so they remained as safe as possible. There was clear guidance to show how the identified risks to the person would be minimised. Risk assessments were reviewed regularly by the management team.
- Staff were able to explain how they minimised risks to people's health and well-being. For example, helping a person with their personal care in a safe way while promoting the person's level of independence.

Staffing and recruitment

- Staff recruitment records showed checks were completed on staff before they worked with people in the home and staff confirmed this. A staff member told us they did not start to provide care to people in the home until a Disclosure and Barring Service [DBS] check had been completed. The DBS is a national service that keeps records of criminal convictions.
- The management team ensured there were enough staff employed to support people's care needs. The registered manager showed us a dependency scale they used to decide how many staff were required to support people. This was adjusted accordingly to how many people lived at the home.
- The registered manager told us they were currently using agency staff to cover some shifts but hoped this was a temporary measure whilst new staff were going through the recruitment process. They told us they tried to use the same agency staff, so people became familiar with them.

Using medicines safely

- People who required help to take medicines received support from staff who had received the specific

training to do so and the provider followed best practice procedures. For example, when necessary medication [PRN] had been prescribed for people there was a protocol in place for staff to follow, to say when and what circumstances it should be administered.

- Staff kept records of when people were supported with their medicines. [MAR charts], this helped to ensure people received their medicines as prescribed to meet their individual health needs. Medicine records were checked by the management team to ensure any areas for improvement were actioned.

#### Preventing and controlling infection

- The provider had systems in place to ensure people were protected against the risk of infections.
- Staff were provided with personal protective equipment, including gloves, aprons and hand gels. At lunchtime we observed staff wearing aprons when serving food to people.
- Staff had access to an infection prevention and control policy and procedure. Staff practiced these techniques.

#### Learning lessons when things go wrong

- The provider had systems to learn lessons and improve when things went wrong. For example, we saw monthly analysis had taken place of any accident and incidents, so any actions necessary could be taken to help prevent a further occurrence.

# 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 the same. 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

- The provider had arrangements in place to assess people's needs and choices.
- Prior to coming to live at the home, people's needs were assessed by a member of the management team to ensure effective care could be planned and delivered.
- A person and their relative told us all aspects of people's needs and preferences were considered before moving into the home and it was agreed the care and support could be provided in the way the person preferred. "Before I came here they [registered manager] spoke to me about what support I needed. They know because of my medical problem I prefer not to get up too early."

Staff support: induction, training, skills and experience

- The provider had arrangements to provide staff with relevant training and support.
- People who lived at the home and their relatives felt staff were competent and well trained. For instance, one person told us, "They [the staff] are all very good." and a relative commented, "They [the staff] know what they are doing. They [the staff] are so caring."
- Staff who had been recruited by the provider told us they had received induction training, which included a period of shadowing experienced members of staff. One new staff member said, "I had all the support I needed I can always go the team leader about anything if I'm not sure."
- Staff we spoke with told us they felt supported in their role and were confident they had received all the training they needed to support people effectively. For example, staff had received training on how to effectively use equipment to support people's physical needs.
- Staff received one to one meeting with the registered manager during which they were able to discuss their work performance, training needs and any other issues. One staff member said, "[Registered manager's name], is very approachable and easy to talk to. I don't have to wait to my supervision if I need to talk to her"

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

- People we spoke with were all very complimentary of the food served at the home. One person told us "The food is really nice. The chef is very good, we know when he's away."
- People were supported to maintain a healthy diet. At lunchtime staff were permanently on hand to support people if needed. However, they allowed people to eat undisturbed and unaided unless the person indicated they needed assistance.
- Fresh fruit, snacks and drinks were available throughout the day.
- People's eating and drinking needs were monitored. When concerns had been raised health care professionals had been consulted such as speech and language therapists [SaLT] for advice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people required support from health and social care professionals this was arranged, and staff followed guidance provided by such professionals. A visiting health professional told us "Staff are very good at calling us when necessary. They will often get urine samples etc ready for us before we arrive, they are very helpful."
- Throughout our inspection we saw staff responded to people's needs in a timely way and shared relevant information to keep up to date with people's current needs. We saw staff had a daily handover to ensure they were accessing the latest information regarding people's care and support needs.
- People told us staff supported them to attend routine health appointments, opticians and dental appointments, so they would remain well.

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

- Since our last inspection the home had undergone a redecoration programme to improve the environment. We saw dementia signage were displayed to help people find their way around the home
- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment. For example, people were involved in the chosen décor and decorations for their personal rooms.

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 capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS and demonstrated a clear understanding of how to support people with decision making. We saw staff asked people for their consent before they provided any support and knew how to communicate information to enable people to understand what they were being asked to consent to.
- Where people were assessed as not being able to make a specific decision, the registered manager and staff followed best interests processes and recorded the involvement and views of those who were important to the person.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

# 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 the same. 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

- People told us staff treated them well. One person said, "They [staff] are such lovely, kind and caring people." Another person told us, "I think they [staff] are second to none."
- The staff we spoke with knew the people they supported well and talked to us about their needs and preferences with respect and empathy.
- Staff were attentive to people's needs and requests and showed concern for their wellbeing. For example, on the day of our inspection it was extremely hot weather, so staff provided people with several fans to keep people cool in the hot weather. Regular cool drinks were served, so people stayed hydrated.

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

- We saw people were at ease in the presence of staff and management, who they feel engaged in conversation and approached for assistance.
- People told us they felt able to speak openly to staff and management, and felt they were listened to. One person told us, "[Registered manager's name] told me she never wants to see her residents upset or unhappy, so if I am I must tell her, if ever I am."
- The management team understood where to direct people for independent support and advice on their care, such as advocacy services, and helped them to contact these as necessary.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to meet people's intimate care needs in a way that protected their privacy and dignity. They gave us further examples of how they promoted people's privacy and dignity. One staff member explained, "It's about remembering each person is important, letting them do as much as they can for themselves and listening to them."
- Staff spoke to people in a friendly and respectful manner.
- People told us staff respected their need for independence. People were encouraged to join in activities but if they preferred not to this was respected.
- The provider had procedures in place to protect the confidentiality of people's personal information and staff followed these.

# 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 Requires Improvement. At this inspection this key question has now improved to 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; 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 provider had introduced a new electronic care planning tool since our last inspection which reflected care that mattered to people, including their life histories and preferences.
- People and their relatives were consulted on the contents of the care plans to ensure they met people's requests. This helped to ensure people's care plans were up to date and reflected their unique preferences.
- People's assessments, care plans and risk assessments provided staff with the information they needed to support people as people wished. For example, people's preferred routines such as bedtimes and bathing preferences.
- Staff were also given guidance on how to support people to keep in touch with people who mattered to them. For example, we saw in plan there were details about important family members [in the form of a family tree], so with support from staff, so people would enjoy a good sense of well-being.
- People's care plans and risk assessments were regularly reviewing, so people would continue to have the care they wanted as their needs changed.
- People were supported by staff, to do things they enjoyed. A range of different activities and entertainment was on offer for people to enjoy. Such as guest singers and entertainers, in house games including bingo. People had access to a bright colourfully decorated garden, if they wanted to enjoy the outdoors.
- Staff were knowledgeable about people's individual religious and cultural needs. For example, the chef told me how some people preferred not to eat meat on Fridays due to their religion, so he ensured alternative choices were available.

### 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 service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's planned activities daily, which was displayed on the notice board.

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

- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or suggestions had been made, and learning taken from these.
- We saw in the entrance hallway there were comments cards available for people to express their views on the service provided.

#### End of life care and support

- At the time of our inspection no one living at the home was receiving end of life care. However, we did see people had been consulted and their end of life wishes were recorded in their care plan.

# 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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- All the people and relatives we spoke with were very complimentary about the registered manager and staff who worked at the home. One person told us, "[Registered manager's name] is very approachable, so kind and caring." On the day of our inspection we saw evidence of the open-door culture the registered manager had introduced when one person would go to the office to chat to the registered manager. The registered manager stopped what she was doing and took time to speak to the person and complemented them on their clothing. The person walked away smiling.
- The registered manager and senior staff spoke passionately about the people and the importance of providing the best care possible for people. The registered manager told us, "It's important people feel this is their home, we want to make it as homely as possible."
- Staff spoke with enthusiasm about their work at the home and people's care and support. One staff member told us, "I love my job, it's not just a job to me. I rarely finish my shift on time because if someone wants to talk to me, I just can't walk away, so I stay until they [person] have finished."

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 had a duty of candour policy. The management team understood their responsibility to be open and honest with people and others in the event things went wrong with the care and support provided. The registered manager understood the requirement to report significant events to the Care Quality Commission when necessary.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and management told us were clear what was expected of their respective roles at the service.
- The management team worked closely with staff to maintain a shared understanding of, and address, any quality issues or new risks at the home.
- The registered manager told us she worked alongside staff, covering shifts where necessary as she felt it kept her informed of people's and staff's needs.
- Staff told us they felt valued and could speak to either the registered manager or team leaders if they needed any support.

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

characteristics; Continuous learning and improving care

- People spoke positively about the overall service provided and their relationship with the management team. One relative told us, "They [staff] are all really good – I think they deserve a good report."
- The provider had quality assurance systems and processes in place to enable them to identify and address areas for improvement in the service provided. This included the ongoing monitoring of accidents [including falls], incidents, complaints, and people's pressure care. The management team also completed audits and checks on, amongst other things, the standard of care planning and the safety and suitability of the premises.
- The management team met on a regular basis with the people who lived at the home and, separately, with staff to encourage their involvement in the service. They also distributed regular feedback surveys to invite feedback from people and staff on the service, analysing any comments received.
- The registered manager told us they arranged social events for people and their families such as garden fetes to ensure people felt involved with family and friends to prevent social isolation.

Working in partnership with others

- The staff team understood the importance of working with other agencies to promote the best outcomes for people. A team leader told us "Since I came to work here. I've worked hard on developing good working relationships with other health and social care professionals. The district nurses now tell me they like visiting and working with us – so that benefits the people who live here." The health care professional we spoke with confirmed this was the case and described the staff as "Very caring."