

AMAFHH Care Homes Limited

Northfield House

Residential Home

Inspection report

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Syston
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Date of inspection visit:
04 September 2019

Date of publication:
20 September 2019

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

About the service

Northfield House Residential Home is a residential care home providing personal and nursing care to older people and people with dementia. The service can support up to 19 people, there were 19 people living at the home at the time of our inspection.

Accommodation is provided over three levels, connected by a lift, and stairs.

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

People received care from staff that were kind, caring and compassionate. Staff enjoyed their work and treated people as if they were a family member. People and staff had built positive relationships together and enjoyed spending time together. Staff were respectful and open to people of all faiths and beliefs. People's privacy and dignity was respected.

People were supported by staff that took time to find out about their hobbies and interests and supported them to engage in these. Activities were available for people to choose from. People knew how to raise a concern or make a complaint and felt confident concerns would be addressed.

People were supported by staff that kept them safe from harm or abuse. People received medicines on time and were supported by staff that had been safely recruited. Staff had a good knowledge of risks associated with providing people's care. Staff had received adequate training to meet people's individual care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People's needs were assessed before they moved to the home to inform the development their care plans. People were supported to eat and drink enough and received healthcare support as needed.

People knew the management team by name. The service sought feedback from people about their care experience to ensure any issues were promptly addressed. The registered manager had a good oversight of the service. Quality assurance systems and processes enabled them to identify areas for improvement. People, relatives and staff told us they would recommend the home.

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

Rating at last inspection

The last rating for this service was Good. (Published 24 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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.

Northfield 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.

Inspection team

The inspection was carried out by one inspector on 04 September 2019.

Service and service type

Northfield 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 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners, professionals who work with the service and Healthwatch.

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 all of this information to plan our inspection.

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.

During the inspection

We spoke with three people who used the service and four relatives and representatives about their experience of the care provided. We spoke with five members of staff including the chef, care staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and four people's medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and meeting minutes, were reviewed.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received additional information regarding the activities available to people living at the home.

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 remained the same Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at the home. Family members told us their relatives received safe care. One person told us, "It feels safe living here." A relative told us, "[Name] is definitely safe here."
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns. They told us the management team would address any concerns and make the required referrals to the local authority. One staff member told us, "We tell the manager, or a senior staff and they would follow up." The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- Staff felt confident about raising concerns relating to people's care. A whistle-blowing policy was in place and had been discussed in staff meetings.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments for falls, eating and drinking enough and specific health needs were reviewed at regular intervals to ensure they were reflective of people's needs. Risk assessments contained detailed information for staff, such as how to support someone at risk of choking to eat safely. This included ensuring they were sitting correctly, offering small amounts of food, checking food had been swallowed and taking time supporting them.
- Staff confirmed, and records showed, they had received training to use equipment to assist people to move safely. Equipment was regularly serviced in line with the manufacturer's guidance and environmental checks had been completed to ensure a safe living environment was maintained.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. These were up to date and reflective of people's current needs. Fire drills were undertaken, this ensured staff and people living at the home felt confident with the procedure for leaving the building in the event of a fire.

Staffing and recruitment

- Planned staffing levels were achieved. People told us there were enough staff available to meet their needs. We observed staff responding to people's needs promptly. One person told us, "I've only ever used the call bell once, staff come quickly, there are enough staff around here if you need them."
- People were supported by a consistent team of staff that knew them well. A relative told us, "There is great continuity of care with staff, there are always staff I know."
- Safe recruitment checks had been undertaken to ensure staff were suitable to work with people receiving care.

Using medicines safely

- Medicines systems were organised, and people received their medicines on time and as prescribed. Clear instructions were available for staff to help them identify when people needed to be given 'as required' medicines.
- Medicines Administration Records (MAR) were completed correctly and audits were undertaken to identify areas for improvement. Medicines were securely stored.
- Staff did not administer medicines to people until they had been assessed as competent to do so, this included the administration of insulin for the management of diabetes.

Preventing and controlling infection

- The home was clean and there was a pleasant odour throughout. A relative said, "It's always clean when I visit." The kitchen was inspected by the Food Standards Agency in June 2018 and received a rating of 'Very Good'. We found the home had maintained its good food hygiene practices and safety systems.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed this in use.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Records showed accidents and incidents were recorded and were reviewed by the registered manager to identify trends, patterns and learning. Where people had fallen, their care plans and risk assessments were reviewed to reduce the risk of re 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 Good. At this inspection this key question has remained the same. 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

- People's physical, social and wellbeing needs were holistically assessed before moving to the service. This assessment informed the development of people's care plans. These reflected their support needs in relation to their culture, religion, likes, dislikes and preferences.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. Training for staff to refresh their skills had been undertaken. One staff member told us, "The training is good, I think it is enough training."
- Staff had regular supervisions and told us they felt supported by the management team. One staff member said, "I talk with the manager every day. They sort any concerns."

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

- Mealtimes were a relaxed and sociable occasion. People had a choice of meal and were able to request an alternative if this was not to their liking. One person told us, "I asked for a curry and the chef made me it." A relative said, "[Name] can have what they want, when they want." We observed people to be offered drinks and snacks regularly throughout our inspection.
- People were supported by staff that knew their food preferences. A menu was displayed and pictures available for people to choose from. The chef was involved in serving people's meals, checking people ate enough and seeking feedback about the food.
- We saw feedback from residents' meetings that said, 'The food is excellent' and 'I enjoy the food'.

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

- The service worked alongside local community and medical services to support people to maintain their physical and emotional health and wellbeing. Staff raised concerns about people's wellbeing to community services such as the person's GP and district nurses.
- People had eyesight checks and care plans were in place to ensure staff knew how to support people to meet their oral health needs.
- Staff knew people well and recognised when people needed healthcare support. People felt confident healthcare advice and support would be sought when needed. A relative told us, "A doctor is coming tomorrow, and the district nurses have visited."

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

- Improvements had been made to the home environment to make it easier for people with dementia to orientate themselves, such as by adding pictorial signage for bathrooms and toilets, painting people's bedroom doors to the colour of their own homes and adding photographs to their bedroom doors.
- The garden had been recently landscaped to make it more accessible for people.
- People had personalised their bedrooms and could have their bedroom decorated to their personal taste, if this was their preference.
- People and visitors told us they could sit in the lounge, dining area or garden to spend time together.

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.

- The service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One staff member said, "People are offered choices of everything. In the morning we show people clothes, so they can choose." One person's care plan instructed staff to respect their decision if they chose not to take their medicines.
- Where people were no longer able to make decisions about certain aspects of their lives, this had been assessed and best interest decisions had been undertaken.

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 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

- People continued to be cared for by staff who were kind, caring and knew people well. People were relaxed with staff and interactions were positive. A person told us, "I think it's very good, the staff are very caring. Oh gosh they work hard, they never stop." A relative told us, "Staff really to care for them, they are definitely kind" Another relative told us, "Staff are kind in their interactions and patient. [Name] can be awkward sometimes. Staff smile and take it on the chin."
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and snacks and where they liked to spend their time. Reviews had taken place, and these provided people and their relatives with an opportunity to discuss their care
- People's cultural and religious needs were detailed in their care plans. Staff were respectful to people of all faiths and beliefs.

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

- People were offered choices such as where they wished to sit in the dining room or lounge and what food they would like. There was a relaxed atmosphere and people were free to choose where they wished to spend their time.
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The service told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and seeking permission to enter. We saw feedback that said, 'My [relative] is treated with kindness, respect and dignity at all times'.
- Staff spoke to people politely and referred to people by their chosen name.
- Staff recognised the importance of confidentiality.

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 Good. At this inspection this key question has remained the same. 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's care plans were reviewed regularly and as people's needs changed. A staff member told us, "If something has changed, the manager will discuss it with us." Staff knew people well and told us this was because care plans contained more than enough information. Care plans reflected people's likes, dislikes, hobbies and interests and how staff could best support them. People's request for gender specific staff was respected.
- We observed staff making time to interact with people as they went about their work. For example, talking with people about hobbies and interests, having a drink with them and singing. We observed staff responding to people's individual needs throughout our inspection. One person told us how they enjoyed speaking with some of the staff in their native language. A relative told us, "[Name] said only the other day, I only have to ask, and they [staff] do it."
- People and staff had built positive relationships together and enjoyed spending time with each other. One staff member said, "When it's my day off I miss people. It is like family here."

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.

- People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people.
- Pictures were used to support people to make choices, to express their emotions and to help them understand an activity. One staff member told us, "If people do not understand something we might show them the pictures."

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

- During the inspection, we observed people spending time watching television, listening to music, playing bingo, reading and chatting with other people living at the home. However, there were times throughout the day when there was little stimulation for people other than music playing in the background. The registered manager told us, they planned to introduce a wider variety of activities.
- Activities were planned to take place each morning, these included for example; bingo, skittles, painting and reminiscence. The home also arranged for outside entertainers such as singers to visit the home. Visits were also arranged from a local school, and a faith leader.
- People were supported to maintain relationships with family and friends, we saw many visitors coming

and going throughout our inspection. Visitors were warmly greeted.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints. Complaints information was accessible in the home. There had been no complaints since the last inspection. People and their relatives told us, should they have any concerns they would not hesitate to raise these with the management team and felt confident they would be promptly resolved. One person said, "I have not needed to complain but I would if needed."

End of life care and support

- People were supported to remain at the home at the end of their life if this was their wish. People's future wishes for end of life care had been assessed and were detailed in their care plans. These included funeral arrangements, do not attempt cardiopulmonary resuscitation (DNACPR) orders and their preferences for care delivery. A relative told us, "[Name] has an end of life plan, so staff know what to do here if anything happens."

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 Good: 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

- The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes. The provider told us, "I want the staff to look after people as if they would their parents."
- People, relatives and staff knew the management team by name and contacted them with any concerns or queries. The service had a friendly and open culture, and people told us they found the registered manager very approachable and easy to talk with. A relative told us, "I've walked into the office just now. Even if the manager is on the phone they will say they will be with me after."
- The registered manager knew all the people using the service well and was involved in supporting them. They worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the service.
- Everyone we spoke with told us they would recommend the home. One person said, "I came here as I heard good reports about it. It is pretty well run, I don't think they could improve anything." A relative told us, "I am happy with the care and I have recommended them." Another relative said, "I would, and I do recommend here. I say it's really friendly."

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, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager understood their regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications. The service was compliant in these areas.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the manager. One staff member said, "We can ring [management team] anytime. They give good advice, they are approachable."
- There were effective systems in place to monitor the quality and standard of the service. The provider had established audits in place relating to the running of the service. These were inclusive of, but not limited to audits of medicines administration records, environmental checks and care records.

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

- The provider used an external website to collate people's feedback. We saw people and their relatives had rated the service 9.8 out of 10. We saw compliments such as, 'I am a constant visitor to the home and their standards continue to be very high', 'The staff and management are very friendly and always ready to give an update on how your family member is doing,' and 'Nothing is too much trouble'.
- People's feedback on their care experience was sought, through surveys and residents and relatives' meetings. Meetings were held regularly and were well attended. Survey results showed people were happy with their care, no improvements were suggested. One person commented, 'It's a lovely home with top care'.
- Regular staff meetings took place. Records showed these were used to discuss any changes in people's needs, safeguarding concerns, policies and any areas for improvement. Recent minutes evidenced staff had been reminded to contact the manager with any concerns or new ideas.

Continuous learning and improving care

- The provider had implemented improvements since the last inspection such as making changes to the environment to better suit the needs of people with dementia, purchasing new bedroom furniture and landscaping the garden. The provider told us, they had a home improvement plan in place.
- The provider was committed to supporting staff to develop in their roles.

Working in partnership with others

- The provider and registered manager worked closely with local authority commissioners and safeguarding authority to ensure the service developed and people remained safe.
- Staff worked closely with other health professionals such as speech and language therapists, community nurses and GPs which enhance the health and well-being of people.
- The home had received a bronze commendation award and dignity in care award from the local authority in 2018.