

Northfield Care Limited

Northfield House

Inspection report

Folly Lane
Uplands
Stroud
Gloucestershire
GL5 1SP

Date of inspection visit:
26 April 2017

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03 July 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

The inspection took place on 26 April 2017. This was an unannounced inspection. The service was last inspected on 17 and 18 February 2016.

At the time of the last inspection, there was one breach of regulation. At our comprehensive inspection on 26 April 2017 the provider had followed their action plan with regard to meeting the requirements of the regulations.

Northfield House is a care home based in Stroud and provides accommodation and support for up to 25 older people without nursing. People who use the service may have dementia. It is a detached property in a residential area with local amenities nearby. There were 24 people using the service at the time of the inspection.

There was a registered manager in post at Northfield House. 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.'

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team. The registered manager had carried out the relevant checks to ensure they employed suitable people at Northfield House.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). The environment had been adapted to meet the needs of people living at the home. People were supported to personalise their living spaces.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained peoples dignity. Where required, people were receiving end of life support which reflected their needs and preferences.

The service was responsive to people's needs. Support plans were person centred and contained sufficient detail to provide consistent, high quality care and support. People were supported to engage in a range of activities based on their preferences and interests. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. There was a registered manager working at the service. Staff and people using the

service spoke positively about the registered manager. Quality assurance checks and audits were occurring regularly and where issues had been identified action had been taken to address them. The registered manager and staff were aware of the vision and values of the service and worked hard to provide a person centred service to everyone living at Northfield House.

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.

Risk assessments were implemented and reflected the current level of risk to people.

There were sufficient staffing levels to ensure safe care and treatment to support people.

Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team.

The registered manager had carried out the relevant checks to ensure they employed suitable people at Northfield House.

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.

Northfield House

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 checked 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 comprehensive inspection took place on 26 April 2017. This inspection was unannounced. The inspection was carried out by one adult social care inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone using services. During this inspection, the ExE spent time speaking with and observing the people living at Northfield House. The ExE also spoke with visitors and members of staff of their experience of Northfield house.

Prior to the inspection, we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we looked at seven people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with 10 people living at Northfield House. We also spoke with eight members of staff and the registered manager of the service.

Following the inspection, we contacted eight relatives by telephone about their experience of the care and support people received at Northfield House.

Is the service safe?

Our findings

At our comprehensive inspection on 17 and 18 February 2016 the service had not ensured people's risk assessments were updated following incidents such as falls. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our comprehensive inspection on 26 April 2017 this requirement had been met. We found people had clear and person centred risk assessments. These identified risks related to the care and support of people as well as environmental risks. We found that where incidents had occurred, people's risk assessments had subsequently been reviewed and updated. For example, one person had suffered a number of falls and their risk assessment had been updated to reflect the increased risk this person faced when they were moving around the home.

People told us they felt safe living at Northfield House. One person commented on how staff explained what they were doing and this made them feel safe. We observed people were relaxed when in the company of staff. This demonstrated people felt secure in their surroundings and with the staff who supported them. Relatives told us they felt their relatives were safe and comfortable in the home and had good relationships with the staff. One family member commented on how they did not have any concerns regarding their parent's safety when they left the home after visiting. One relative stated they had "complete confidence in the staff" to keep their relative safe.

Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff we spoke with were aware of the different types of abuse and felt confident to report safeguarding concerns to the manager. All staff had received training in safeguarding. The service had reported appropriately any concerns or allegations of abuse working closely with the local safeguarding team and other health and social care professionals. This included notifying us so that we can monitor what safeguards were put in place to minimise any further risk to people.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency re-checked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

Each person had a file containing their medicine administration records (MAR), which contained people's preferences on how they liked to take their medicines. The file included information as to reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies that were to be taken if required. This included what staff should monitor in respect of when and how these medicines were to be given. These plans had been developed with the involvement of relevant healthcare professionals. When we looked at the Medicine Administration Records (MAR) we found these had been signed by staff when they had administered medicines to people.

There were sufficient staff supporting people living in the home. This was confirmed in conversations with staff and the rotas. The registered manager told us they were in the process of allocating a keyworker to each person living at the home. This would be a named member of staff who would be responsible for ensuring care plans were up to date and reflected the current level of need for the person. The registered manager told us they continually reviewed staffing levels and would make adjustments as required depending on the occupancy of the home and the needs of the people living at the home.

Policies and procedures for safeguarding and whistleblowing were accessible for people and staff which provided guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised and knew how to contact the local authority or CQC if they had any concerns.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm. We were shown evidence of a disciplinary incident and there was clear evidence this had been dealt with promptly and effectively.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system and routine checks on the gas and electrical appliances. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire drills. There were policies and procedures in the event of an emergency and fire evacuation.

The home was clean and tidy and free from odour. The home had a housekeeper responsible for day to day cleaning. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The housekeeper demonstrated a good understanding of infection control procedures. For example, different cloths were used for different cleaning activities and all cleaning chemicals were transferred through the home in a lockable container to minimise the risk of a resident coming into contact with them. The relatives we spoke with told us they felt the home was clean and well maintained.

Is the service effective?

Our findings

People and relatives told us they felt staff had the relevant skills and experience. One person told us, "They are very good at what they do." Relatives told us they felt the staff had the appropriate skills and training to support the people living at Northfield House.

Staff had been trained to meet people's care and support needs. The staff we spoke to felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions.

Staff had completed training in the butterfly approach. The butterfly approach aims to make the service the home of the resident and give them control over their environment. It also aims to enable staff to work with residents to make activities meaningful and enhance the experience. This includes filling rooms and hallways with things to look at and do. In the case of Northfield House, we observed how the communal area had ensured people had lots of items such as , hats, scarves and handbags to choose from.

Staff were well supported in their role. Records confirmed staff had received regular individual meetings with the registered or deputy manager called supervision. The registered manager told us how they were always available for staff to discuss any issues with them. Staff we spoke with confirmed they could discuss any issues they had with the registered manager and did not have to wait for their supervision session.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations.

We found people were offered a varied and nutritious diet. Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. For example; specialised diets or supplements. The food on offer for lunch was healthy and nutritious. The majority of the relatives we spoke with told us they felt the meals were of good quality and people always had enough to eat.

Care records confirmed people had access to external health professionals when required. The health professionals we spoke with told us they felt people living at Northfield House were well cared for. They went on to confirm the provider made appropriate appointments and referrals for support as and when required.

Northfield House is situated close to the centre of Stroud. The home was suitable for the people that were accommodated. We felt the home had taken the needs of residents into account when decorating the hallways and communal areas. For example, one wall was painted to reflect a traditional sweet shop as the

home felt this would evoke childhood memories in people. Equipment was in place to meet personal care needs, for example, specialised baths. The people living at Northfield House had been given the opportunity to furnish and decorate their rooms to their personal preferences.

Is the service caring?

Our findings

People and relatives gave us positive views about the care provided in the service and felt staff were kind, considerate and caring. One person told us, "The staff are very good They are kind and care for me." Relatives we spoke with told us the staff were kind, caring and compassionate.

We observed staff members showing affection throughout their interactions with people. They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate.

Staff were respectful of people's cultural and spiritual needs. The registered manager told us how representatives of faith groups visited the home to support people to meet their needs in relation to their religious beliefs.

People were cared for by staff who knew their needs well. People were treated with dignity and respect. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering a person's bedroom. When speaking with staff, they were clear in their understanding of privacy and informed us they always knocked and sought permission before entering a person's room.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. We saw information about people's personal preferences, their likes and dislikes and what was important to them.

Staff supported people to meet their choices and preferences. People were supported to be as independent as possible. Staff told us they encouraged people to do as much for themselves as possible. For example, eating meals or getting washed.

The registered manager told us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving into the home. Examples of the involvement of family and professionals were found throughout people's support plans, in relation to their day to day needs. Information was made available to people about independent advocacy services.

People and their relatives were given support when making decisions about their preferences for end of life care. Care records clearly detailed end of life wishes and evidenced people and their families had been consulted regarding this.

Is the service responsive?

Our findings

People and relatives told us they felt the service provided personalised care. Relatives said they felt involved in the care of their family member on a day to day basis and that the home kept them informed when anything happened. One relative told us, "They respond quickly to changes in X's (name of person) needs and will contact the GP if required. We are always kept well informed of what is happening."

We found people's needs were assessed before and after admission to the home. Each person had support plans that were tailored to meeting their individual needs. We saw these were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's individual needs and preferences.

Staff confirmed any changes to people's care were discussed during a shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as what activities people had engaged in, their nutritional intake and also any behaviour that may challenge so staff working the next shift were well prepared.

People were supported to maintain hobbies and interests. The staff knew people's preferences and interests. We found planned activities included skittles, ball games, cards, music. Relatives we spoke with told us they felt the activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do things they enjoyed and were happy at the home.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example; if a person required and emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs.

Staff attended regular team meetings. Staff explained regular meetings and extended handovers gave the team consistency and a space to deal with any issues. One staff member said, "I feel well supported".

We found the provider had a process in place for people, relatives and visitors to make a complaint. We looked at the complaint records and found all complaints were logged, investigated and where necessary discussed with staff as lessons learnt during supervision or team meetings. The majority of people we spoke with said they felt they would be able to complain to care workers or managers if necessary. One relative we spoke with said they had raised concerns but did not always feel listened to by the registered manager but were going to raise their complaint directly with the provider.

Is the service well-led?

Our findings

The home had a registered manager who was supported by a deputy manager. The registered manager had been employed at Northfield House for one year. People and staff spoke positively about the registered manager and felt they offered good leadership and were a positive role model for the staff. The majority of the relatives we spoke with told us they felt the registered manager was approachable, committed to providing person centred care and willing to listen to feedback about the home. One relative described the registered manager as 'Approachable' and 'Easy to talk to'. However, two of the relatives we spoke with felt there were communication difficulties with the registered manager and were going to raise this with the provider.

The staff described the registered manager as being 'hands on'. We observed this throughout the inspection when the manager was talking and engaging with people and staff. Staff told us the registered manager had made positive changes since commencing their role. For example, staff told us how the registered manager had introduced a 'splat chart' for people. Staff told us this was a chart placed in people's rooms with various paint splatters on it. Staff told us each paint splatter displayed important information about the person such as their preferences in relation to their care as well as various parts of their life history. The registered manager told us this was done to make it easier for staff to learn key information about people. The staff we spoke with told us they had found the 'splat charts' very useful in learning people's needs and life stories. The registered manager told us this had been trialled successfully in some of the rooms and will be rolled out to the rest of the home.

The registered manager told us how they had introduced bespoke coloured zimmer frames for people living at the home. The registered manager told us this had been introduced a few months ago after learning that they could have a benefit in reducing the risk of falls. The registered manager and staff told us the designs and colours were individually chosen by the people living in the home. The registered manager told us they had found the coloured zimmer frames encouraged people to use them, rather than trying to walk unaided.

The registered manager told us how they had also introduced a 'Memory tree'. This was a small decorative tree with lights. The registered manager told us how they would hang individually named hearts of residents that had lived at the home and had passed away over the previous 12 months. The 'Memory tree' was accompanied by a memory book to provide people a space to write a few thoughts. The registered manager told us how this allowed staff and other people living in the home to have somewhere to recognise and remember those people who had passed away. The registered manager told us people and staff had found this to be beneficial as it enabled them to cope with their emotions at a time which could be challenging and difficult for many people.

Staff told us there was an open culture within the home and they felt listened to. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks.

Regular audits of the service were taking place. This included daily, weekly and monthly audits by the registered manager. During the audits support plans were reviewed and updated. The registered manager

strived to continually improve the service. Areas that were checked were; health and safety, the premises, people's care files and medication. Staff were knowledgeable about what needed to be done and there were checklists to ensure things were checked regularly such as cleaning. These audits were carried out as scheduled and it was evident from our observations corrective action had been taken when identified.

Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and all in one place to see. Examples of these included the safeguarding policy and various health and safety policies.

The registered manager told us they also sent surveys to people and their relatives to gauge their opinion regarding the quality of the service being provided. The registered manager told us these were sent annually and the feedback from these surveys were analysed. Issues arising from the surveys were implemented into the annual action plan.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. Incidents and accidents were analysed to identify themes or trends so that preventative action could be taken.